

## **STUDENT WITHDRAWAL CHECKLIST**

Representatives from the front office should check off each item as they are completed and place their initials next to the check.

Check/ Initials

\_\_\_\_/\_\_\_\_ All books have been either returned or paid for.

\_\_\_\_/\_\_\_\_ Lock has been returned or paid for.

\_\_\_\_/\_\_\_\_ FPP hours have either been performed by parent/guardian or paid for by parent/guardian.

\_\_\_\_/\_\_\_\_ SFA student service credits have been completed.

\_\_\_\_/\_\_\_\_ SFA student service credits have not been completed and student should be billed.

\_\_\_\_/\_\_\_\_ All Athletic equipment has been returned or paid for.

\_\_\_\_/\_\_\_\_ All Summer School Balances have been paid in full.

\_\_\_\_/\_\_\_\_ New Student Institute Fees have been paid in full.

\_\_\_\_/\_\_\_\_ Exit Interview has been conducted.

\_\_\_\_/\_\_\_\_ Tuition has been paid in full.

**SAINT FRANCES ACADEMY**  
**WWW.SFACADEMY.ORG**  
 501 E. CHASE STREET, BALTIMORE, MD  
 (410) 539-5794 FAX (410) 685-2650



21202

PHONE

## STUDENT WITHDRAWAL FORM

Today's Date: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Student's Address: \_\_\_\_\_

Student's Phone: \_\_\_\_\_

**If you know where the student will be transferred, please complete the following:**

School Name: \_\_\_\_\_

School Address: \_\_\_\_\_

School Phone: \_\_\_\_\_

**ALL FEES AND OBLIGATIONS MUST BE MET BEFORE ANY INFORMATION IS RELEASED FROM ST. FRANCES ACADEMY. As the parent/guardian it is your responsibility to make sure that each department listed below verifies that you have successfully cleared their office. Please have this form signed and dated by each department and return the completed form to the main office. Please acknowledge that you have read and understand this statement by providing your signature in spaced provided.**

\_\_\_\_\_  
 PARENT/GUARDIAN'S SIGNATURE

\_\_\_\_\_  
 DATE

\_\_\_\_\_  
 TUITION OFFICE REPRESENTATIVE

\_\_\_\_\_  
 DATE

\_\_\_\_\_  
 FAMILY PARTNERSHIP PROGRAM (PARENT VOLUNTEER HOURS) REP

\_\_\_\_\_  
 DATE

\_\_\_\_\_  
 STUDENT SERVICE HOURS (FINANCIAL AID) REPRESENTATIVE

\_\_\_\_\_  
 DATE

Students must turn in their textbooks and locks at the end of the school year or upon withdrawal. If they are not returned or are returned in poor condition, a replacement fee will be charged.

Book title/lock number returned	Item received by	Date returned	Book not returned

Student Academic Fee (formerly Book Fee) paid in full \_\_\_ Yes \_\_\_ No

BOOKSTORE REPRESENTATIVE

DATE

Student Athletic Fee(s) paid in full \_\_\_Yes \_\_\_No Athletic uniforms/equipment returned \_\_\_ Yes \_\_\_ No

\*(IF APPLICABLE) ATHLETIC OFFICE REPRESENTATIVE

DATE

OVER (PLEASE COMPLETE THE

BACK OF THIS FORM)

**SAINT FRANCES ACADEMY**

**WWW.SFACADEMY.ORG**

501 E. CHASE STREET, BALTIMORE, MD  
(410) 539-5794 FAX (410) 685-2650



21202

PHONE

## STUDENT WITHDRAWAL FORM (CONTINUED)

We thank you for having chosen Saint Frances Academy for your child's education. We would like to know the reason for withdrawal. Please check the reasons that apply and provide additional comments if you would like.

I am withdrawing my child for the following reason(s):

- I am not in a position financially.
- I am not pleased with the school.
- I am moving.
- My child no longer lives with me.
- The school administration decided SFA was not a good fit for my child.
- My child did not meet the academic requirements.
- My child did not meet the behavioral/disciplinary requirements.
- SFA could not meet the academic needs of my child.
- Other \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

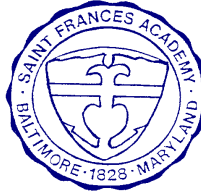
Please make any additional comments in the space provided.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent/Guardian Signature

Date

**SAINT FRANCES ACADEMY**  
**WWW.SFACADEMY.ORG**  
501 E. CHASE STREET, BALTIMORE, MD  
(410) 539-5794 FAX (410) 685-2650



21202

PHONE

## **AUTHORIZATION TO RELEASE HEALTH CARE INFORMATION**

PATIENT'S NAME	TODAY'S DATE
PATIENT'S DATE OF BIRTH	PATIENT'S GRADE
PATIENT'S SOCIAL SECURITY NUMBER	

**I REQUEST AND AUTHORIZE SAINT FRANCES ACADEMY TO RELEASE HEALTH CARE INFORMATION REGARDING THE ABOVE-NAME PATIENT TO:**

*(INFORMATION OF SCHOOL BEING TRANSFERRED TO)*

SCHOOL NAME	
SCHOOL ADDRESS	
SCHOOL PHONE	SCHOOL FAX NUMBER

**THIS REQUEST AND AUTHORIZATION APPLIES TO ALL HEALTH CARE AND IMMUNIZATION INFORMATION. IF ALL INFORMATION IS CORRECT, PLEASE PROVIDE YOUR SIGNATURE IN THE SPACE PROVIDED.**

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_

DATE

THIS AUTHORIZATION EXPIRES 90

DAYS AFTER THE DATE IT IS SIGNED

**SAINT FRANCES ACADEMY**  
**WWW.SFACADEMY.ORG**  
501 E. CHASE STREET, BALTIMORE, MD  
PHONE (410) 539-5794 FAX (410) 685-2650



21202

## TRANSCRIPT REQUEST

***TRANSCRIPTS ARE PROCESSED AFTER AT LEAST 3 - 5 BUSINESS DAYS  
AFTER ALL FEES TO THE SCHOOL HAVE BEEN PAID.***

TODAY'S DATE	STUDENT GRADE
STUDENT NAME	PARENT/GUARDIAN NAME
GRADUATION YEAR	WITHDRAWAL DATE (if applicable)
IS THIS REQUEST FOR AN ____ OFFICIAL COPY OR AN ____ UNOFFICIAL COPY OF THE TRANSCRIPT?	
NAME OF INSTITUTION WHERE TRANSCRIPT SHOULD BE SENT (needs to be an institution)	
ADDRESS OF INSTITUTION WHERE TRANSCRIPT SHOULD BE SENT	
REASON FOR REQUEST OF TRANSCRIPT	

CONTACT NAME & PHONE NUMBER OF INSTITUTION WHERE TRANSCRIPT SHOULD BE SENT:	TUITION WAS PAID TO: <input type="checkbox"/> SMART TUITION <input type="checkbox"/> SAINT FRANCES
---	--

**WHEN ALL FINANCIAL OBLIGATIONS ARE MET, ALLOW AT LEAST 3-5 BUSINESS DAYS TO PROCESS THE TRANSCRIPT. \*\*Only unofficial copies of transcripts may be mailed to parents, not handed to them; official copies will be mailed directly to the institution specified above. Unofficial transcripts may be faxed to the institution, if necessary.**

**TRANSCRIPTS REQUESTED IN THE MIDDLE OF THE SCHOOL YEAR WILL REQUIRE THAT ALL FINANCIAL OBLIGATIONS TO THE SCHOOL BE PAID IN FULL FOR THE ENTIRE SCHOOL YEAR AND SIGNED BELOW BY ALL AUTHORIZED SFA OFFICIALS.**

<b>Tuition (and see above box)</b>	<b>Authorized Signature</b> _____
<b>Family Parent Partnership (FPP)</b>	<b>Authorized Signature</b> _____
<b>Book bill</b>	<b>Authorized Signature</b> _____
<b>Athletic Equipment/Uniforms</b>	<b>Authorized Signature</b> _____
<b>Student Service Hours</b>	<b>Authorized Signature</b> _____