



Beacon Academy

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STUDENT WITHDRAWAL FORM

Student's Name _____ Date of Withdrawal _____

Teacher/Advisor _____ Current Grade _____

Name of Future School _____ Dist. # _____

Parent/Guardian
Signature _____ Date _____

This acknowledges your request for withdrawal from Beacon Academy. **Please complete, sign and return to the school office** so we can process your child's file accordingly. When a student is officially withdrawn from Beacon Academy, their spot may be given to another child on the waiting list.

We regret losing any of our students from Beacon Academy, but understand that circumstances change for families. We also appreciate any comments you'd like to share to guide potential improvements to Beacon Academy.

1. Have you talked with your child's teacher/advisor about your decision? If so, what was suggested?

2. Have you talked with the Administrator? If so, what resulted?

3. Reason for withdrawal:

4. Describe performance of teacher(s) and/or Beacon staff.

5. How do you feel Beacon compares with other schools?

6. What did you like best? Do you have any suggestions for change or improvement?

7. What could we have done to help accommodate you and/or your child's needs?

Check here if you would like to meet with a Board Designee to further discuss your comments.