



BAY AREA HOMESCHOOL ACADEMY  
**4-12 WITHDRAWAL FORM**

Family Name: \_\_\_\_\_

Student Name: \_\_\_\_\_ Student Grade: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Please select all that apply:**

\_\_\_\_ I am withdrawing my child fully from Bay Area Homeschool Academy effective on

\_\_\_\_\_.

\_\_\_\_ I am withdrawing my child from the specific Bay Area Homeschool Academy classes listed below, effective on \_\_\_\_\_.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please explain the reason for the withdrawal.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I acknowledge that upon submission of this form, I am responsible for the next month of tuition beyond the effective withdrawal date for each of the classes I am withdrawing from.

\_\_\_\_\_

Parent/Legal Guardian Signature

\_\_\_\_\_

Date