



BAY AREA HOMESCHOOL ACADEMY
6-12 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.

Parent/Legal Guardian Signature

Date