La Sierra Academy

WITHDRAWL FORM

4900 Golden Avenue, Riverside, CA 92505 * Phone: (909)351_1445

Name of Student_____ Date of Withdrawal _____

What school will student be attending?_____

Reason for Withdrawal: (Please check all reasons that apply).

_____ Parents moving out of the area
_____ Financial reasons
_____ School Problems (academic, attendance, behavior)
_____ Other: Please explain_____
_____
_____

Withdrawal Grades:

See attached print out.

Financial Clearances:

Department	Description	Amount Owed/Credited	Cleared By
Library			
Athletic Dept.			
Business Office			

Signatures:

_____ _____ _____
Parent Principal Registrar

___*Transcript* ___*Computer* ___*CumFolder* ___*Enrollment Talley*