“Where Catholic tradition is combined with academic excellence.”

STUDENT WITHDRAWAL FORM

Date: ___________________________

Student Name: ____ Grade: _________________

My child will be withdrawn from St. John the Apostle School. My child’s last day will be ________________________. I have met all financial obligations and have returned all books and devices belonging to the school.

Reason for leaving: ________________________________

____ ____________________

Parent’s Signature Date

Name and address of school student is transferring to:

____

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Office use only:

Library _________________

Technolgy _________________

Business Office _________________

Principal _________________

SJA Mission Statement

Rooted in the rich traditions of the Catholic Church, Saint John the Apostle Catholic School provides a Christ-centered learning environment where students are challenged academically, supported spiritually, and encouraged to embody high ethical standards essential to moral development.

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