

Jacksonville Christian Academy

A ministry of the First United Pentecostal Church

11697 Normandy Boulevard

Jacksonville, Florida 32221

(904) 783-2818



Student Withdrawal Form

Student Name _____ Date _____

Address _____ City _____ State _____ Zip _____

Reason for withdrawing _____

I have spoken with the parent(s) about his/her child's withdrawal from Jacksonville Christian Academy.

Signature of School Official _____ Date _____

I am withdrawing the above named student from Jacksonville Christian Academy. I understand that according to the Parent/Student Handbook, my child's records cannot be released to another school until any outstanding tuition, fees, or charges have been fulfilled. I also understand that if my child has been enrolled in school any part of the present month, past the 5th of the month, I am responsible to pay the entire tuition amount for that month.

Signature of Parent or Guardian _____ Date _____