

GV CHRISTIAN SCHOOL

The Pursuit of God, Knowledge, Compassion & Leadership

Withdrawal/Readmit Form

Student Name: _____

Today's Date: _____ Parent: _____

Student's Classroom: _____

____ Withdrawal Date of Withdrawal: _____

____ Temporary Withdrawal (Complete readmit below)

Reason for withdrawal: _____

____ Readmit Date of Readmit: _____

In order to secure your child's position the readmit registration fee is due with the readmit form.

Pre-school Parents Only

Please circle the schedule your child will be attending:

5 Full Days 5 Half Days (8am to 12pm)

3 Full Days 3 Half Days (8am to 12pm)

2 Full Days 2 Half Days (8am to 12pm)

M T W TH F
(circle days attending)

Hours Attending: _____ am to _____ pm

Parent/Guardian Signature: _____

Received by: _____ Date: _____

Eligible for Admittance: _____ Registration Paid: _____

CC's: Registrar _____ Bookkeeping _____ Teacher _____ File _____
Note _____
Cal _____
Letter _____
Scan _____