



Continuous Enrollment Cancellation Form

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A cancellation request must be made by the parent or legal guardian who enrolled the student. Please complete the PDF and return via email or in person to the Enrollment Office. If notice is received by January 31st, you will have no further financial obligation for the following year. If the cancellation request is submitted any time *after* January 31st, you will be responsible for a percentage of the following school year's fees and/or tuition.

Submit form to the Enrollment Office (Mrs. Benninger) or to jbenninger@oakdaleacademy.com.

1 Parent Acknowledgement

While my child was a student at Oakdale Academy, classroom, library, and textbooks, in addition to other materials, may have been checked out to them. I understand that I am responsible for returning these items or paying to have them replaced if they were lost or stolen while in my child's possession.

If there are any outstanding invoices or fees due, I will pay the balance on or before the date of withdrawal. I understand that Oakdale Academy will not release my child's school records and transcript until all items are returned and all monies owed are paid.

Last planned date student will attend classes at Oakdale Academy: _____

Parent/Guardian printed name: _____ Primary phone #: _____

Parent/Guardian signature: _____ Date of request: _____

Student's full name: _____ Year withdrawing: Current or Upcoming

2 Reason for Cancellation

Please select your reason for cancellation below.

- | | |
|---|--|
| <input type="checkbox"/> We are moving more than 50 miles from the school due to a job transfer or new employment | <input type="checkbox"/> Financial reason – describe below |
| <input type="checkbox"/> Death of a parent, guardian, or student | <input type="checkbox"/> Academic reason – describe below |
| <input type="checkbox"/> Student's medical condition (doctor's letter attached) | <input type="checkbox"/> Other reason – describe below |
| <input type="checkbox"/> Academic or behavior issues at school's request | |

Briefly describe your reason: _____

3 New address or school (if applicable)

Name & address of new school: _____

Your new address: _____

For Enrollment Office use only – Date received: _____

Incidental billing Tuition Amount owed: _____

Staff signature: _____