

Halifax Academy Student Withdrawal Form

I, _____ am withdrawing the following students effective this
(Please print Name)

day of _____, 20____.

Reason for withdrawal: _____

I understand that I will be financially responsible for the entire semester if the student(s) attend(s) one day.

If I owe a balance, I agree to the following payment plan.

If I am due a refund, please mail my refund check to:

(Signature)

Date: _____

Accepted: Halifax Academy, Inc.

By: _____

Date: _____