

HALIFAX ACADEMY WITHDRAWAL FORM

I, _____ am withdrawing the following student(s) effective this
(Please print FACTS customer name)

date: _____ 20____ This date must match last
(Month) (Day) (Year) date if attendance

Student Name as listed in FACTS: _____

Student Name as listed in FACTS: _____

Student Name as listed in FACTS: _____

Student Name as listed in FACTS: _____

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:

- Pay in full at time of withdrawal
- Monthly payments IF approved by the finance committee
Records will not be released until balance is paid in full.

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

FACTS customer signature required

Date: _____

Accepted: Halifax Academy, Inc.

By: _____

Date: _____