



3132 Fortune Way | Suite D-27 | Wellington | Florida | 33414
 Toll Free: 1.800.890.6269 | Main: 561.537.5501 | Fax: 1.866.230.0259
<https://www.foresttrailacademy.com>

Official Notice of Pupil Withdrawal

**If you withdraw and you are on a payment plan, the entire tuition balance is due and payable immediately. No records will be issued or released until the tuition balance has been paid.*

Student Information					
1. Student's Legal Last Name		2. Student's Legal First Name		3. Middle Name	
4. Last day of attendance (MM/DD/YYYY) / /		5. Grade Level		6. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	
7. Date of Birth (MM/DD/YYYY) / /					
Are you seeking NCAA Initial Eligibility Requirements: <input type="checkbox"/> Yes <input type="checkbox"/> No (Student athletes only)					
8. Primary Withdrawal Type Select the following that best describes why the student is withdrawing from school.					
<input type="checkbox"/> W1 Transfer to another school		<input type="checkbox"/> W5 Dropout		<input type="checkbox"/> W9 Transfer to be home taught	
<input type="checkbox"/> W2 Illness		<input type="checkbox"/> W6 Age		<input type="checkbox"/> W10 Transfer to detention	
<input type="checkbox"/> W3 Expelled or long term suspension		<input type="checkbox"/> W7 Graduated		<input type="checkbox"/> W11 GED	
<input type="checkbox"/> W4 Absence or status unknown		<input type="checkbox"/> W8 Deceased		<input type="checkbox"/> W12 Continuing studies at vocational or technical school	
9. Please note that you are still responsible for your student's balance of the tuition. If you have an outstanding financial balance, you will not be able to attain any records from Forest Trail Academy. Please complete the section below to pay the balance.					
Name on Card: _____			<input type="checkbox"/> Pay In full \$ _____		
Credit Card Type: _____			<input type="checkbox"/> Monthly Payments of \$ _____		
Credit Card Number: _____ - _____ - _____ - _____			Date of each month to charge credit card		
Expiration Date: ____/____/____ CVV: _____			____ (MM) ____ (DD) ____ (YY)		
Billing Address: _____					
Street Address			Apt#		
City		State		Zip Code	
10. Parent/Guardian Signature					11. Date (MM/DD/YYYY) / /

Note: If parent or guardian is unable to sign this form, the school district should indicate the reason the signature was not obtainable.

Form #: ADE-41-123, rev 5/2004; in compliance with ARS 15-827.