

ST. THOMAS AQUINAS ACADEMY
1055 W MOANA LN STE 201 RENO, NV 89509 (209) 863-8400

NOTICE OF WITHDRAWAL

Dear St. Thomas Aquinas Academy:

We would like to withdraw the following student(s) from your program effective immediately:

STUDENT'S FULL NAME (FIRST, MIDDLE, LAST)	DATE OF BIRTH	GRADE LEVEL
STUDENT'S FULL NAME (FIRST, MIDDLE, LAST)	DATE OF BIRTH	GRADE LEVEL
STUDENT'S FULL NAME (FIRST, MIDDLE, LAST)	DATE OF BIRTH	GRADE LEVEL
STUDENT'S FULL NAME (FIRST, MIDDLE, LAST)	DATE OF BIRTH	GRADE LEVEL
STUDENT'S FULL NAME (FIRST, MIDDLE, LAST)	DATE OF BIRTH	GRADE LEVEL
STUDENT'S FULL NAME (FIRST, MIDDLE, LAST)	DATE OF BIRTH	GRADE LEVEL

Family's present contact information:

STREET ADDRESS (LINE 1)

STREET ADDRESS (LINE 2, IF NECESSARY)

CITY STATE ZIP/POSTAL CODE

COUNTRY TELEPHONE

Additional comments: _____

Signed:

PARENT/LEGAL GUARDIAN DATE

PRINT FULL NAME TELEPHONE NUMBER