



EARLY LIGHT
ACADEMY

Elementary Withdraw

801-302-5988
fax 801-727-0773

Student Name _____ Date of Withdraw _____

Home address _____

Reason for withdraw:

Parent Signature _____

Teacher _____ Teacher Initials _____

Current grade _____

Name of new school _____ Grade _____

Letter of acceptance from new school received by office: _____

Office initial _____ copy of birth certificate and immunizations

Office initial _____ pizza refund