



EARLY LIGHT
ACADEMY

Middle School Withdraw

801-302-5988
fax 801-727-0773

Student Name _____ Date of Withdraw _____

Home address _____

Reason for withdraw:

Parent Signature _____

Teacher Initials	Subject	Current Letter Grade
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1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

Locker# _____

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