



Withdrawal Form for  
East Dayton Christian School  
Phone: 937-252-5400  
Fax: 937-258-4099

Parent/Guardian Name \_\_\_\_\_

Complete Address: \_\_\_\_\_

\_\_\_\_\_

City State Zip

Email Address: \_\_\_\_\_

Phone: \_\_\_\_\_

<b>List all Students</b>	<b>Teacher/Grade</b>	<b>Last Day at EDCS</b>

Reason for withdrawal: (please be specific) \_\_\_\_\_

\_\_\_\_\_

Parent/Guardian #1 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian #2 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***Each custodial parent/guardian must sign this form. Allow two weeks for processing the withdrawal. School records will be available after all tuition and fees are paid in full, all EDCS supplies/textbooks/athletic uniforms/Chromebooks have been returned, and all disciplinary obligations have been fulfilled.***

School Official Signature: \_\_\_\_\_ Date: \_\_\_\_\_

School Official Signature: \_\_\_\_\_ Date: \_\_\_\_\_