



DOMINION ACADEMY OF DAYTON

School Withdrawal Form

Name of Student: _____

Requested Effective Date: _____ Date Withdrawn: _____

Reason for Withdrawing: _____

Academic Director's Signature: _____ Date: _____

Administrator's Signature: _____ Date: _____

Parent's/Guardian's Signature: _____ Date: _____

Withdrawal Policy:

Parents wishing to withdraw students from school must complete this withdrawal form. **Students will be considered still enrolled in the school until the withdrawal form is filled out properly and turned into the office.**

Unless withdrawal is due to an emergency or to special circumstances, the following pro-rated refund schedule:

1. Withdrawal by the end of week one or two – 100% refund
2. Withdrawal by the end of week three – 80% refund
3. Withdrawal by the end of week four – 60% refund
4. Withdrawal by the end of week five – 40% refund
5. Withdrawal by the end of week six – 20% refund
6. Students withdrawing from a course after the sixth week of the **semester** will be charged full tuition for the remainder of that **semester** for each course.

Students withdrawing from academic classes after the end of week six of the semester, will receive **Withdraw/Passing (W/P)** or **Withdraw/Failing (W/F)** on their transcripts.

| | |
|-------------------------|--------------------|
| <i>Office Use Only:</i> | |
| Grade Card/Transcript: | |
| _____ | Withdrawal/Passing |
| _____ | Withdrawal/Failing |
| _____ | Expunged |

| | |
|--------------------------|----------------------------------|
| <i>Office Use Only:</i> | |
| <input type="checkbox"/> | Tuition adjusted-invoice revised |
| <input type="checkbox"/> | FACTS notified/changed/canceled |
| <input type="checkbox"/> | Class enrollment changed |