



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Withdrawn: _____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 prorated 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.

Office Use Only:

Tuition adjusted-invoice revised

FACTS notified/changed/canceled

Class enrollment changed

Office Use Only:

____ Withdrawal/Passing

____ Withdrawal/Failing

____ Expunged