



## BRIDGES PREPARATORY SCHOOL WITHDRAWAL FORM

Student's Full Name: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Grade/Teacher: \_\_\_\_\_

Last Date Attending: \_\_\_\_\_ Date of Withdrawal: \_\_\_\_\_

Transferring to: \_\_\_\_\_

Forwarding Home Address: \_\_\_\_\_  
(Street)

\_\_\_\_\_  
(City) (State) (Zip Code)

Parent/Guardian Full Name: \_\_\_\_\_

Parent/Guardian Phone Number: \_\_\_\_\_

By signing below, I understand that I am forfeiting my child's seat at Bridges Preparatory School. I understand that if I want to enroll in the future, I will have to reapply and be subject to any standing waitlist for enrollment. I also give permission for Bridges Preparatory School to send my child's records to the requesting school.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date