



Patriot Oaks Academy
475 Longleaf Pine Parkway
St. Johns, FL 32259
(904) 547-4050

Student Withdrawal Form

~ Please fill out and sign this form; your child cannot be withdrawn without this form ~

I, _____, parent/guardian of
(print name)

student, _____, grade _____
(print name)

request that my child be withdrawn from Patriot Oaks Academy on _____ for
(date)

the following reason(s): *(moving, home schooling, virtual school, etc.)*

My child's last day of school will be: _____

New school name, address and phone #: _____

_____ I understand that I need to contact the Media Center (547-4066), to return any textbooks / library books / laptop / Ipad / and/or materials belonging to the school **before my child's last day.**

_____ I understand that I need to contact the POA Cafeteria Manager (547-4061) regarding any lunch account balance my child may have **before my child's last day.**

Parent/Guardian signature

Date