Giant Campus Academy

Withdrawal Request Form

Student Information

Full Name

E-mail Address



Upon submission of this request, your student is no longer enrolled at Giant Campus Academy. All classes will be dropped and you will be required to re-enroll to attend. This may include fees and all resubmission of enrollment forms. Please allow 1-3 business days to process this request.

Return this form via link below or fax to: 866-436-0244

Date of Birth

Date of Request

Phone Number

Address	Reason for Withdrawal
Student Signature (if under 18, please include a parent/guardian signature. Must match information in the student file)	
Student Name	Date
Student Signature	
Parent/Guardian Name	Date
Parent/Guardian Email Address	
Parent/Guardian Signature	
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