



**Christian Fellowship Academy**

**Withdrawal Form**

*A ministry to inform & encourage Christian families to educate children from a Christian worldview and for fellowship with like minded families.*

Parent(s) Names: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Daytime Phone (if different from home phone): \_\_\_\_\_

Name of County/City Public School District: \_\_\_\_\_

Child(ren) to be Withdrawn from CFA:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date of Withdrawal: \_\_\_\_\_

Signature of Parent /Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Please return completed & signed form to: Christian Fellowship Academy

135 County Road 972

Cullman, AL. 35057