



St. John's Academy  
395 West Broadway, Vancouver BC, V5Y 1A7  
Tel: 604-683-4572  
www.stjohnsis.com

## Permanent Withdrawal Form

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ PEN: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

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

By submitting this form, I am permanently withdrawing from my studies at St. John's Academy, effective on \_\_\_\_\_.  
(mm/dd/yyyy)

The reason for my withdrawal is: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

By signing below, I agree that my remaining tuition (if any) is non-refundable, non-transferable to other semesters, and non-transferable to other students.

Student's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Legal Guardian  
Or Custodian's signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(If student is under 19 years old)

### Office Use Only:

Locker Cleaned? Yes  No  N/A

Student Services Department: \_\_\_\_\_

Principal: \_\_\_\_\_ Accountant: \_\_\_\_\_

Date Received: \_\_\_\_\_ Date Completed: \_\_\_\_\_



# ST. JOHN'S ACADEMY VANCOUVER

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395 West Broadway Vancouver, BC V5Y 1A7  
Tel: 604-683-4572. Email: info@stjohnsis.com

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## Group MSP Withdrawal Form

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

DOB: \_\_\_\_\_ PHN: \_\_\_\_\_

Enrollment Date: \_\_\_\_\_ Withdrawal Date: \_\_\_\_\_  
mm/yy mm/yy

Student No Show? \_\_\_\_\_ Graduated? \_\_\_\_\_

Citizen type:

Citizen: \_\_\_\_\_ Landed Immigrant: \_\_\_\_\_ Other: \_\_\_\_\_

Did you opt out of group medical coverage with the school?

I, \_\_\_\_\_, acknowledge that I am leaving the coverage provided by St. John's Academy's group medical insurance. I understand that this does not mean that my MSP coverage stops and I will manage my own profile and make my own payments moving forward.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Office Use Only

Student Withdrawal Processed by: \_\_\_\_\_

MSP Canceled by: \_\_\_\_\_

Date: \_\_\_\_\_