



# ST. JOHN'S ACADEMY

## SHAWNIGAN LAKE

2371 Shawnigan Lake Road, V0R 2W5, Shawnigan Lake, BC  
Tel: 250-220-4888. Email: info@stjohnsacademy.ca

### Permanent Withdrawal form

#### 1. Student information

Last Name \_\_\_\_\_ First name \_\_\_\_\_  
Date of Birth \_\_\_\_\_ PEN \_\_\_\_\_  
Phone Number \_\_\_\_\_ Email Address \_\_\_\_\_  
Home Address \_\_\_\_\_

By submitting this form, I am permanently withdrawing from my studies at St. John's Academy Shawnigan Lake, effective on \_\_\_\_\_ (YYYY/MM/DD)

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.  
St. John's Academy Shawnigan Lake guardianship will cease the above effective date.

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

Parent (Custodian) Signature \_\_\_\_\_ Date: \_\_\_\_\_

#### Office Use Only

Note	_____
Enrollment Removal	<input type="checkbox"/> Yes <input type="checkbox"/> No
MSP Cancellation	<input type="checkbox"/> Yes <input type="checkbox"/> No
Locker Cleaned	<input type="checkbox"/> Yes <input type="checkbox"/> No
Processed by	_____
	Registrar                      Director of Boarding                      Student Service
Approved by	_____
	Head of School

Revised June 2022