



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	_____ Admission
Approved by	_____ Head of School

Revised Oct 2022