

Icon Preparatory School
WITHDRAWAL FORM

Section A Required!! To be completed IN FULL by parent (please print or type clearly)

Student Name: Current Grade:

Parent Name:

Student Date of Birth:

I wish to withdraw my child from Icon Preparatory School: Temporarily Permanently

Parent Signature _____ Date _____

Please complete email to info@iconprep.org or fax to 813-967-8300.

Section B Optional

- Reason for Withdrawal (please check as appropriate):
- Transferring to another institution
 - Financial Reasons
 - Personal Reasons
 - Medical Reasons
 - Employment
 - Academic Failure
 - Other Reasons (please list any reasons below):

Please provide additional information here:

What could we have done to help you stay?

What needed to be different for you to have considered continuing your studies at Icon Prep School?

Who within Icon Prep School did you speak to before making your decision to withdraw?