

Minnehaha Academy Enrollment Cancellation

I wish to cancel my student's enrollment at Minnehaha Academy for the 2012-2013 school year. The following student(s) will **not** be attending Minnehaha in the fall:

Student(s) Withdrawn:

Name _____ Grade _____

Name _____ Grade _____

Name _____ Grade _____

Name _____ Grade _____

Parents' Names: _____ Home Phone _____

_____ Work Phone _____

Student Address: _____

Reason for withdrawal and other comments: _____

School student(s) will be attending **next** year:

Parent Signature _____ Date _____

Reminder: Our Board policy states that student accounts must be paid in full before official records, grade reports or transcripts are released.

Return this form to:

*Minnehaha Academy
Attn: Brenda Robbins, Student Accounts Office
3100 West River Parkway
Minneapolis, MN 55406*