



Forfeiture Form

School Name: _____

Name of student: _____ Grade: _____

Name(s) of Parent/Guardian: _____

Date forfeiture became effective: _____

Reasons for forfeiture (please check only one):

Moving

Withdrew/not returning for financial reasons

Withdrew/not returning for academic reasons

Withdrew/not returning for lack of "good standing" as defined below:

Catholic schools offer programs of education and formation for students who are willing and able to live within the religious, academic, behavioral and attitudinal requirements of the school and whose parents/guardians demonstrate a desire to assist them in their parental role as primary educators of their children. School families are expected to be supportive of all rules, policies and procedures of the Archdiocese of Atlanta or the Diocese of Savannah and the local Catholic school. (GRACE Scholars Policy III-A-2-c)

Other (please specify _____)

Is refund due to GRACE Scholars?

If so, please give amount:

Affirmed and certified by principal/president: Additional contact person:

Signature (hand written, not typed)

Name

Name

Title

Telephone

Telephone

E-mail

E-mail