



LEARNING ACADEMY CHARTER SCHOOL

P.O. Box 9427 Tamuning, Guam 96931

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STUDENT WITHDRAWAL FORM

June 2026

*Please fill out the **highlighted** sections.

Student Information		
Student Name:	Date of Birth:	
Parent Email Address:	Grade & Section:	
Mailing Address:		
Physical Address:		
Current Date:	Withdrawal Date:	Student's Last Day:

Reason for Leaving	Name of School
<input type="checkbox"/> Transfer to Public School	
<input type="checkbox"/> Transfer to Private School	
<input type="checkbox"/> Transfer to Other School	
<input type="checkbox"/> Expulsion	
<input type="checkbox"/> Promoted to High School	
<input type="checkbox"/> Dissatisfaction of Service	
<input type="checkbox"/> Other	

Clearance (Office Use Only):

- ASA, Date:
- School Counselor, Date:
- OIT, Date:
- Lunch, Date:

Parent/Guardian (Print Name): _____ **Phone #:** _____

Signature: _____ **Date:** _____

For Office Use Only:

Official Withdrawal Date: _____

SIFA LACS, School Administrator