



# CANCEL/TRANSFER/WITHDRAW FORM

E-MAIL, FAX, and PHONE notifications are NOT accepted as official notice of withdrawal / cancellation.

Follow the steps below for official notice of cancellation:

**Step 1: CANCEL/TRANSFER/WITHDRAW FORM –**

Complete the form below and return it with materials.

**Step 2: RETURN MATERIALS –**

ALL materials issued are sole and unconditional property of **Zion Academy** and have not been purchased by the parent. Unreturned materials will be included on your Closing Statement.

**Step 3: CLEAR YOUR ACCOUNT –**

Clear financial obligations through the accounting office and obtain a Cancellation Confirmation Number (CCN).

**Mail FORM and materials to:**

Zion Academy  
7907 212<sup>th</sup> St. SW, STE 104  
Edmonds, WA 98026

It has been a pleasure serving you during your enrollment time with us.

The Staff of **ZION ACADEMY OF AMERICA**

Fax number: 425.640.3355

## REQUEST TO CANCEL/TRANSFER/WITHDRAW FORM

This is my written signature notice of my Cancellation of Enrollment for the following student:

Student Name	Grade	DOB	Age

My child will be attending the following school.

\_\_\_\_\_  
School Name (required)

\_\_\_\_\_  
School Address

\_\_\_\_\_  
School Phone (required)

\_\_\_\_\_  
School Fax

\_\_\_\_\_  
City (required)                      St              Zip

*School records are available upon faxed request from the next school.*

I understand my account will be billed in accordance with the date Zion Academy receives my cancellation notice and returned materials. I understand materials must be checked-in by Zion Academy, or I will be billed for the unreturned materials on my Closing Statement. I understand there is a Cancellation Fee when withdrawing before the 'LAST DAY OF SCHOOL'. I understand I have a limited number of days to clear my account before my account is referred to a collection agency. I understand student records are withheld from transfer until my account is cleared.

\_\_\_\_\_  
Zion Account Name (required)

\_\_\_\_\_  
Address (required)

\_\_\_\_\_  
Phone (required)

\_\_\_\_\_  
City (required)                      St              Zip

\_\_\_\_\_  
Email (PRINT)

\_\_\_\_\_  
Reason for Cancellation/Transfer/Withdrawal

X \_\_\_\_\_  
Signature (Account Name)

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
(Date Rcvd by ZAA)