

To: Grace Christian School of Temecula Valley PSP

Randa Waller, Administrator

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From: \_\_\_\_\_

Date: \_\_\_\_\_, 20\_\_\_\_

Re: Withdrawal from Grace Christian School of Temecula Valley

Student Name(s):

_____	_____
_____	_____
_____	_____

Please be advised that we request the above student(s) to be withdrawn from Grace Christian School of Temecula Valley (Private School Satellite Program) effective on the above date.

Checked below is how we permit student files to be released and to whom:

\_\_\_\_\_ Records Deposit has been paid and student files have been requested, please send to:

\_\_\_\_\_

\_\_\_\_\_ Parent will pick up student files and be responsible for forwarding to next school.

Thank you,

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Print Name