



**St. Francis Xavier Catholic School System
Withdrawal/Transfer Form**

Parents: _____

Last Date of Attendance: _____

Child(ren)'s Names _____

Grades: _____

Campuses: _____

What is the main reason you are withdrawing?

Address: _____

Please rate the campus in the following categories using a scale of:
5 (excellent), 4 (very good), 3 (good), 2 (poor), 1 (very poor).

	5	4	3	2	1	N/A
Academic program						
Faculty and staff						
Religious formation opportunities						
Safe/structured/disciplined environment						
Communication between school and home						
Co-curricular/athletic offerings						
Before/after school program						
Facilities						
Ability to get problems addressed						
Tuition/Financial Aid						
Student satisfaction with the school						
Parent satisfaction with the school						

- Please explain any 1 or 2 ratings above.

- Please explain any 4 or 5 ratings above.

The school the student is transferring to:

Name of School: _____

Address of School: _____

Telephone Number of School: _____

Refund Requested (if applicable): _____

Parent Signature: _____

Date: _____

Please return form to Xavier Catholic Schools, Admissions, 1600 W Prospect Avenue, Appleton, WI 54914 or by email to Admissions@XavierCatholic Schools.org.

Office Use Only: Date Received: _____ Form Received By: _____ Family ID: _____

Please route to: ___ Admissions ___ Campus ___ Central Office ___ Advancement ___ CPS

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Please Note: A completed form is required before any refunds processed.