

REQUEST FOR WITHDRAWAL FROM WEEKDAY SCHOOL

Child's Name: _____

Child's Class: _____ (Teacher/Days of Week)

Parent's Name(s): _____

Today's date is: _____ Time: _____

Two week's from today is: _____

(You will be billed through this date, even if the child does not attend, if a full 2 week notice is not given.)

Child's last day will be: _____

REMINDER: REGISTRATION FEE IS NON-REFUNDABLE.

TUITION refund requires a 2 week notice. If that has been given please mail check to:

I am withdrawing my child for the following reason(s):

THANK YOU FOR GIVING US 2 WEEKS NOTICE!

Office Use Only:	
<input type="checkbox"/> Kid's Count	_____
<input type="checkbox"/> Shelby	_____
<input type="checkbox"/> SAC	_____
<input type="checkbox"/> CB/Rachel	_____