30-Day Enrollment Withdrawal Request Form

Student Name: _____

Class Name: _____

Class Day & Time: _____

Date Submitted: _____

Requested Final Class Date: _____

I am providing at least 30 days' advance notice that I wish to withdraw from the class listed above. I understand that I remain responsible for any tuition, fees, or attendance requirements that apply during the 30-day notice period.

Reason for Withdrawal (optional):

Parent Signature: _____

Date: _____

Office Use Only

Date Received: _____

30-Day Notice Requirement Met: ☐ Yes ☐ No

Withdrawal Effective Date: _____

Approved By: _____

Notes: