



# WITHDRAWAL FORM

This withdraw form must be received by **your last class of the current month, prior** to the effective withdrawal month.

I \_\_\_\_\_,

Parent / Guardian

phone #

Would like to withdraw \_\_\_\_\_

From his/her current class:

Level \_\_\_\_\_ Day \_\_\_\_\_ Time \_\_\_\_\_ Teacher \_\_\_\_\_

Please discontinue automatic payments to my credit card. I understand that my child's spot in the class is no longer held once I withdraw.

Please withdraw my child from class effective: Month \_\_\_\_\_

Reason for withdraw: \_\_\_\_\_

Parent signature \_\_\_\_\_ Date \_\_\_\_\_

(FOR OFFICE ONLY)

Date:

Staff Initial:

\_\_\_\_\_