

WITHDRAWAL FORM		
STUDENT INFORMATION		
Name:		
First	Last	
Current class:	Teacher's name:	Date of withdrawal requested: ____ / ____ / ____
REASON FOR WITHDRAWAL		
<input type="checkbox"/> moving to another school <input type="checkbox"/> medical reason <input type="checkbox"/> personal reason <input type="checkbox"/> other _____		
PARENT/GUARDIAN'S SIGNA		
Parent/Guardian's name:		Date ____ / ____ / ____
Parent/Guardian's signature		
OFFICE USE ONLY		
Teacher's name	Teacher's signature	Date ____ / ____ / ____
Approve by	Signature	Date ____ / ____ / ____

REFUND POLICY

The written notice of withdrawal must be made a month prior to the end of the last class attended. No refund shall be made for whatever reason after term commencement.

Signature of Parent/Guardian _____

Date _____