

Withdrawal Form

Student Name _____

Parent Name _____

Class Day/Time _____

Class Type _____

Teacher _____

Reason for withdrawing _____

Today's date _____

Last day of classes _____

I AM AWARE:

Withdrawal forms not received by the 20th of the month will result in the normal charge of tuition fees for the next month. If the form is received after the 1st of the month, a \$15 processing fee is applied.

ACCOUNT OPTIONS

_____ Place account on hold for up to two months, no re-registration fee.

Start auto billing on _____

_____ Account stopped indefinitely, a \$30 registration fee due upon re-enrollment.

I have read this fully and understand the above written statements.

Signature of Parent/Adult Student (**18 yrs or older**)

Today's date _____

Last day of classes _____

(OFFICE USE ONLY)

Processed on _____ **Employee Initials** _____