



Withdrawal Card

Child's Name: _____

Class Level: _____ Day / Time: _____

Ending Date: _____

- I understand that this card should be submitted one week prior to my child's last class.
- I understand that if my child withdraws by the end of one month, I will not be charged for this class for the next month.
- I understand that if my child withdraws mid-month, my family will receive a credit to our account or a refund check for all classes left in the month that are more than one week after this withdrawal card is received.
- I understand that my child cannot attend Make-Up Classes once he or she has been withdrawn from classes.

Reason for Leaving: _____

Parent or Guardian's Signature: _____

Today's Date: _____

Office Use Only

Main Book: _____

Special

Roll Book: _____

Instructions: _____

Computer: _____

Auto Pay: _____
