

Notice of Student Withdrawal

Withdrawal Date: _____

School Year: _____

Student Name (1 child per form): _____

Family ID: _____

Grade: _____

Family Address: _____

New Address: _____

(Required with Relocation)

Withdrawal Date	Percentage Due
June 1 through 1 st day of School	20.00%
2 nd day of school 10/31	50.00%
11-1 to 1-31	80.00%
2-1 to 5-31	100.00%

Refund Policy

Registration Fees are Non-Refundable. All tuition, and related fees will be assessed based on the withdrawal date percentages on the chart.

Total owed less Total Paid equals

-positive numbers are Due

-negative numbers are Refunded

Records will not transfer until account is current.

Reason for withdrawal: _____

Parents will be asked to schedule an exit interview with the Head of School.

- No records will be released until account is current and this form is processed.

Signed Parent/Guardian

Date

Printed Parent/Guardian

For office use only:

Account Balance: _____ % Due _____ % Billed _____

Statement Correction: _____ Release Records: Yes or No; Date: _____