



Withdrawal Card

Child's Name: _____

Class Level: _____ Day / Time: _____

Class Level: _____ Day / Time: _____

Last Day of Class: _____

- I understand that withdrawal notification needs to be submitted by the last class my child is attending.
- I understand that if my child withdraws mid-month, my family will receive a credit to our account or a refund 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- I understand that my child cannot attend Make-Up Classes once he or she has been withdrawn from classes.
- Make-ups are voided upon withdrawal from the program

Reason for Leaving: _____

Guardian's Signature: _____ Date: _____

Office Use Only

Computer : _____

GSG credit: AUTOMATICALLY IF SIB ENROLLED

Main Book : _____

Refund

Notes: