

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 to 8-31 | 30.00% |
| 9-1 to 9-30 | 40.00% |
| 10-1 to 10-31 | 50.00% |
| 11-1 to 11-30 | 60.00% |
| 12-1 to 12-31 | 70.00% |
| 1-1 to 1-31 | 80.00% |
| 2-1 to 2-28 | 90.00% |
| 3-1 to 3-31 | 100.00% |
| 4-1 to 4-30 | 100.00% |
| 5-1 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: _____