

WITHDRAWAL FORM

I HEREBY WISH TO WITHDRAW MY CHILD/REN FROM THE A.C.E. PROGRAM. PLEASE RETURN THIS FORM TO YOUR SITE COORDINATOR NO LATER THAN THE 15ST OF THE MONTH. I UNDERSTAND THAT IF THIS FORM IS NOT HANDED BACK IN THE APPROPRIATE TIME, I MAY BE CHARGED ANOTHER FULL MONTH'S TUTION AND MY CHILD/REN WILL BE CONSIDERED FULLY ENROLLED.

CHILD #1 NAME: _____

CHILD #2 NAME: _____

CHILD #3 NAME: _____

SCHOOL SITE: _____

EFFECTIVE DATE: _____

PLEASE INDICATE WHICH PROGRAM YOUR CHILD WILL BE WITHDRAWN FROM, CHECK ALL THAT APPLY

BEFORE SCHOOL

AFTER SCHOOL

BY SIGNING BELOW, I AUTHORIZE THE A.C.E. PROGRAM TO WITHDRAW MY CHILD/REN FROM THE PROGRAMS CHECKED ABOVE

PARENT/GUARDIAN SIGNATURE

DATE

PHONE NUMBER