



### Student Withdrawal Form

Please accept this two weeks' notice of withdrawal for my child \_\_\_\_\_ who currently attends

Room # \_\_\_\_\_.

I understand that the policy of withdrawal is two full business weeks and understand that tuition through my child's last day is still applicable.

Their last day of attendance will be Friday, \_\_\_\_\_ 20\_\_.

Signed \_\_\_\_\_

Full Name \_\_\_\_\_ date \_\_\_\_\_

### Survey Optional

We value your opinion and appreciate you taking the time to tell us about your experience at our school.

<b>PROGRAM</b>	Very Satisfied	Satisfied	Neutral	Dissatisfied
Program/Curriculum				
Friendliness of Teachers				
Lunches/Snacks				
Clear Policies				
Hours of Operation				
Safety				

<u>Management</u>	Very Satisfied	Satisfied	Neutral	Dissatisfied
Teacher Communication				
Director/Assistant Communication				
Friendliness of Management				
Accessibility of Management				
Concerns or Questions answered promptly				
School Cleaness				

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