



## Student Withdrawal Form

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| Student Name |  |
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I advise that the above student will be withdrawn from Camellia School as of (last day of attendance) 

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| Reason for Leaving                                  |  |  |  |
|---|--|--|--|
| <input type="checkbox"/> Childcare no longer needed | <input type="checkbox"/> Family relocation                 | <input type="checkbox"/> Conflict with center/director/teacher |  |
| <input type="checkbox"/> Financial                  | <input type="checkbox"/> Moved to another childcare center | <input type="checkbox"/> Other (Please Specify) _____          |  |

| Financial Statement  |  |  |  |  |
|--|--|--|--|--|
| As of <table border="1" style="display: inline-table; border-collapse: collapse; width: 100px; height: 20px; vertical-align: middle;"> <tr> <td style="width: 33%;"></td> <td style="width: 33%;"></td> <td style="width: 33%;"></td> </tr> </table>   |  |  |  | my account shows a credit (-)/ balance (+) of <table border="1" style="display: inline-table; border-collapse: collapse; width: 100px; height: 20px; vertical-align: middle;"></table> |
|  |  |  |  |  |
| I understand that any balance due on the account is to be paid in full at the time /date my child is withdrawn. I will be taking the following actions to bring my account to a \$0.00 balance:  |  |  |  |  |
| A student's withdrawal from our center requires a ONE WEEK WRITTEN notice or a full week of tuition will be charged. <b>The Student Withdrawal Form must be filled out and submitted to the Camellia School Office in order for the withdrawal process to be completed.</b> Credits applied to the child's account for lack of attendance CANNOT be applied after the child's last date of physical attendance at the center. (Ex: ½ week credit applied for withdrawal notice without child attending). |  |  |  |  |
| <b>ACCOUNT CREDIT</b>  |  |  |  |  |
| <input type="checkbox"/> Request for Refund: Make Check Payable to (Name and Address): _____   |  |  |  |  |
| <input type="checkbox"/> Donate balance to Camellia School   |  |  |  |  |
| <input type="checkbox"/> Apply balance specifically (Explain: _____)   |  |  |  |  |
| <b>ACCOUNT BALANCE</b>   |  |  |  |  |
| <input type="checkbox"/> Pay Balance in FULL   |  |  |  |  |
| <input type="checkbox"/> Pay Specific Amount   |  |  |  |  |
| <input type="checkbox"/> Other: _____  |  |  |  |  |
| Note: _____  |  |  |  |  |
| Balance will be PAID IN FULL by: <table border="1" style="display: inline-table; border-collapse: collapse; width: 150px; height: 20px; vertical-align: middle;"> <tr> <td style="width: 33%;"></td> <td style="width: 33%;"></td> <td style="width: 33%;"></td> </tr> </table>  |  |  |  |  |
|  |  |  |  |  |
| I agree to pay the above balance by the above date. I understand that this balance is for services rendered and I am responsible for it. If the balance is not paid in full by the above date, I understand that my account will negatively affect any future enrollment in Camellia School and that my account may be turned over to a Collection Agency.   |  |  |  |  |

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|----------------------------------|-------------|
| Parent/Guardian Signature: _____ | Date: _____ |
|----------------------------------|-------------|

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| Director/Assistant Director Signature: _____ | Date: _____ |
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| Turned into FA: _____ FA Review: _____ |
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