

Y Club Withdrawal

I/O____ T____

School Site: _____

Child's Name: _____

Parent's Name: _____

Contact Number: _____

2 Week notice is required.

My child's last day of attendance will be: _____

My child was enrolled for the following: (Please check)

AM____ PM ____ BOTH ____

M____ T____ W____ TH____ F____

Check here if you want to withdraw
all Early Release Days ____

Please let us know why you have chosen to withdraw from
the program.

___Schedule Change, no longer needed

___Moving/changing schools

___Laid off/Unemployment

___Financial

___Child rides the bus home now

___Dissatisfaction

___Other _____

Parent's Signature

Today's Date

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