

REFENS WITHDRAWAL FORM

(to withdrawal a student from the REFENS program before the start of the school year)

Child's Name: _____ Class Registered: _____

Parents Name(s): _____

Address: _____ Phone#: _____

E-transfer email: _____

Reason for withdrawal: _____

Please note that the \$40.00 Membership/Registration fee is NON-REFUNDABLE. However, the 10% Annual Tuition Deposit will be returned if the withdrawal is before the start of the first class.

Parent Signature

Date

* * * * *

FOR ADMINISTRATION USE ONLY:

10% Annual Tuition Returned: \$ _____

Comments: _____

Date of completion of process: _____ / _____ / _____
Month Day Year

Executive signature

Date