

REFENS WITHDRAWAL FORM

Purpose: Withdraw a potential student from the REFENS program prior to the start of the school term

Name of Child(s):

Class Registered:

Class Registered:

Name of Parent(s):

Contact:

Contact:

Address:

Interac e-Transfer:

Reason for Withdrawal: Select a withdrawal reason

Other (please specify):

Note: Membership / Registration is **NON-REFUNDABLE. However, the 10% Annual Tuition Deposit will be returned if the withdrawal occurs prior to the school term.**

Signature

Date

Signature

Date

Internal Use Only

10% Annual Tuition Returned:

Comments, if applicable:

Processing Date:

Executive (or Designated Appointee) Signature

Date