

REFENS WITHDRAWAL FORM

Purpose: Withdraw a student from the REFENS program during the school term

Name of Child(s):

Class Registered:

Class Registered:

Name of Parent(s):

Contact:

Contact:

Address:

Reason for Withdrawal:

Select a withdrawal reason

Other (please specify):

Last Date of Class:

Method of Returning Payment:

☐ Please return / destroy my post-dated cheque

☐ Please send an Interac e-Transfer

Interac e-Transfer:

Note: Membership / Registration is **NON-REFUNDABLE.**

Signature

Date

Signature

Date

Internal Use Only

Funds returned:

Processing Date:

Executive (or Designated Appointee) Signature

Date