

WITHDRAWAL NOTICE

Please forward completed form to campus site coordinator or email to extendeddaybilling@fortbendisd.com.

Note: Extended Day requires 2 weeks written notice for all withdrawal requests. Requests not received by the deadline will be billed for the following month.

Student Name: _____

School: _____ Grade _____

Last day child will attend: _____.

Tuition is charged at a monthly rate regardless of the number of days of attendance.
No refunds will be issued for withdrawing during the month.

If you wish to re-enroll during the school year, a \$50 re-entry fee will apply pending site availability. Scholarship recipients will re-enter at the full program tuition rate.

Your signature below acknowledges the policies and procedures outlined on this form and in the parent handbook.

Parent/Guardian Name (Printed) _____

Parent/Guardian Signature _____

Date _____

For Office Use Only

Received by _____

Date/Time _____

Date withdrawn in Skyward _____