

## WITHDRAWAL NOTICE FORM

CHILD'S NAME			
	(Last)	(First)	
PARENT NAME:	<i>a</i> ()		
GY	(Last)	(First)	
		TEACHER:	
		REPORTED TO:	
	E:		
		JIRED to inform CCS TWC to terminate se	rvices and/or request TRANSFER
and provide copy of e	email sent to CCS of Termina	tion and/or Transfer.	
Signature		Date	
FOR OFFICE USE O	NLY:		
☐ Em	ail provided on		
☐ <sub>Ter</sub>	mination Code provided by	CCS	
Please note that WIT	ΓHDRAWAL Notice must be	given 2 weeks in advance and tuition is stil	l liable upon until 2 weeks are up.
		ADER CO.	
		LERRHING CENTER 2	
		TARTER A.  Fostering and Educating Young Minds	
	WITHE	DRAWAL NOTICE FORM	
CHILD'S NAME			
	(Last)	(First)	
PARENT NAME:			
	(Last)	(First)	
		TEACHER:	
DATE OF WITHDRA	WL NOTICE GIVEN:	REPORTED TO:	<del></del>
LAST DAY OF CARE	ડે:		
For CCS Clients ONL	Y: I understand I am REQU	JIRED to inform CCS TWC to terminate se	rvices and/or request TRANSFER
and provide copy of e	email sent to CCS of Termina	tion and/or Transfer.	
Signature		Date	
FOR OFFICE USE O	INI V·		
L Em	ail provided on		
☐ <sub>Ter</sub>	mination Code provided by	CCS	

Please note that WITHDRAWAL Notice must be given 2 weeks in advance and tuition is still liable upon until 2 weeks are up.