



KRESCENT CITY KIDS LEARNING ACADEMY



Student Withdrawal Form

Please accept this two weeks' notice of withdrawal for my child _____ who currently is enrolled in Krescent City Kids. I understand that the policy of withdrawal is two full business weeks and understand that tuition through my child's last day is still applicable.

Their last day of attendance will be Friday, _____ 20__.

Signed _____ Full
Name _____ date _____

Survey Optional

We value your opinion and appreciate you taking the time to tell us about your experience at our school.

Very
Satisfied Satisfied Neutral Dissatisfied
Satisfied

Program

- Program/Curriculum:
- Friendliness of teachers:
- Lunches/snacks:
- Clear policies:
- Hours of operation:
- Safety:

Very
Satisfied Satisfied Neutral Dissatisfied
Satisfied

Management

- Teacher communication:
- Director/Assistant communication:
- Friendliness of Management:
- Accessibility of Management:
- Concerns or Questions answered promptly:

NOTICE: I understand that my child's enrollment will be cancelled when Krescent City Kids receives this withdrawal form. Withdrawal forms are final. If I change my mind, I must re-enroll. I understand that the slot will not be held, also if re-enrolled I may not be get an immediate start date. I also understand that I will be billed for the two week notice.

Signature: _____ Date: _____

For Office Use:

Date Received: _____ Date of last school day: _____