



WITHDRAWAL FORM

8530 – 101 Street
King Edward Elementary School
Edmonton, Alberta T6E 3Z5
Phone: 432-9226

Web: www.strathconanurseryschool.com
Email: info@strathconanurseryschool.com

Please complete this form and leave it with the teachers for processing.

Date: _____

I _____
(Please Print Name of Authorizing Parent)

will be withdrawing _____
(Name of Student)

from the *Strathcona Nursery School* Co-operative play school program.

Effective _____
(Last expected day of child's attendance at school)

Reason for Leaving _____

Please accept this as my **ONE MONTH'S** notice for withdrawal of my child as required and stated in the *Strathcona Nursery School* Parent Handbook. Failure to do so will result in the withdrawal of next month's fees regardless if my child attends.

Signature of Authorizing Parent _____

Thank you for choosing *Strathcona Nursery School*. We hope that you have enjoyed your child's experience with us. If you have any questions, comments or concerns please feel free to contact us.

**** A Board Member will be contacting you via email regarding any fees, issues or fine fees that are outstanding prior to withdrawal.**

DUTY DAYS Please Note: In the event that notice of withdrawal is given without sufficient time and there is a scheduled duty day during that period of time, the family is still responsible for fulfilling their responsibilities for that duty day.



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BELOW PORTION FOR OFFICE USE ONLY

Family Name: _____ Child's Name: _____

Date of Withdrawal Notification: _____

One months notice given (please circle) YES NO

If one months notice not given indicate current monthly fee \$ _____

Families Current Volunteer Activity _____

Fees Summary (Cashed only if obligations were not fulfilled)

	Description	Amount	Fulfilled	Comments
Fine Fees	Duty Parent #1	\$50		
	Duty Parent #2	\$50		
	Duty Parent #3	\$50		
	Toy Cleaning Fine	\$150		
	Fundraising Fine #1	\$100		
	Fundraising Fine #2	\$100		
	Casino Fine	\$800		

Please note: Field Trip Fee and Registration fees are Non-Refundable Fees

			Comments
Summary	Amount Owing	\$	
	Refund Owing*	\$	
	<i>*Refunds for emergency situations shall be issued upon approval of the Board</i>		
	Bank Authorization Form	Shredded	Returned (Circle one)
	Forwarding Address:		

Signature of Board Member Completing Form _____