

STUDENT WITHDRAWAL FORM

FAMILY INFORMATION

STUDENT NAME		
WITHDRAWAL DATE		
PARENT NAME		
PARENT PHONE		
PARENT EMAIL		

REASON FOR WITHDRAWAL

PLEASE CHECK ALL THAT APPLY	
TUITION IS NOT AFFORDABLE	
CHILD IS NOT LEARNING	
STAFF/SCHOOL IS NOT PLEASANT	
MOVING	
CHILD FREQUENTLY COMPLAINING	
OTHER -	

QUESTIONS, FINAL COMMENTS & CONCERNS

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PLEASE RATE YOUR OVERALL EXPERIENCE WITH KKAPVA

1	2	3	4	5	6	7	8	9	10
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PARENT SIGNATURE _____

ADMINISTRATION SIGNATURE _____