

Withdrawal Form

| Child's Name: | Class: |
|--|------------------|
| I wish to give notice of withdrawal for the above-1 child's tuition for 30 days from the date of this no | |
| My child's last day to be enrolled at Fayetteville Na I owe tuition through// | ature School is/ |
| Please answer the short survey below. | |
| What prompted your withdrawal from our progra | m at FNS? |
| What did you like best about our school? | |
| What is something you think we could improve or | n? |
| Additional comments: | |
| | |
| Parent Name (print) | |
| Parent Signature | // Date |