

STUDENT WITHDRAWAL FORM

Child(ren)'s Name/s		Last day in attendance (MM/DD/YYYY)	
Reason for withdrawal (Check those that apply) <input type="checkbox"/> Pricing <input type="checkbox"/> Location <input type="checkbox"/> Incompatibility between RCELC & Family <input type="checkbox"/> Child aged out of program			
You must give 2 weeks' notice to be eligible for a refund or credit. Refund or credit will be processed within 30 days.			
_____ Please, apply initial deposit towards last week's tuition bill.			
_____ Please, hold tuition on deposit/overpayments for later use.			
_____ Please, donate my tuition on deposit/overpayment for use at RCELC.			
_____ Please, donate my tuition on deposit/overpayment to a needy family at RCELC.			
_____ Please, refund my tuition on deposit/overpayment.			
Parent/Guardian Name			
Address Line 1			
Address Line 2			
City		State	Zip
Email			
Home Phone		Cell Phone	
Work Phone			
Signature		Date (MM/DD/YYYY)	



Riverview Christian Early Learning Center

Office Use Only

Tuition amount to refund	\$	
Deposit amount to refund	\$	
TOTAL AMOUNT OF REFUND DUE	\$	Check #
<input type="checkbox"/> Copy made for child's folder	on: ____/____/____	by:
<input type="checkbox"/> Copy made for master file	on: ____/____/____	by:
<input type="checkbox"/> Entered into Procure	on: ____/____/____	by:
<input type="checkbox"/> Entered into Tadpoles	on: ____/____/____	by:
<input type="checkbox"/> Information given to Classroom	on: ____/____/____	by: