

# STUDENT WITHDRAWAL FORM

Child(ren)'s Name/s		
Last day in attendance (MM/DD/YYYY)		
<b>You must give 2 weeks' notice to be eligible for a refund or credit. Refund or credit will be processed within 30 days.</b>		
____ 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	\$	
Amount of outstanding bill or credit	\$	
<b>TOTAL AMOUNT OF REFUND DUE</b>	\$	
<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: