## STUDENT WITHDRAWAL FORM

## TRIINTY EDUCATIONAL MINITRIES SONSHINE PRESCHOOL & DAYCARE (603) 434-6987 · 53 North Main Street, Derry, NH 03038 www.tagderry.com/spd

Student's Full Name	Today's Date			
Home Phone			Effective Date	e
ather's Name		Mother's Name _		
Reason For withdrawal				
Withdrawal Police  If it is the desire of the parents in writing by completing a Stud Two weeks written notice is re-	dent Withdrawal Form	, which may be obtain	ed from our websi	ite or the Director.
two (2) weeks of School Tuit records cannot be released ur	ion/Day Care Fees f	rom time written notic		
Father's Signature	Date	Administrator Sign	ature	Date
Mother's Signature	Date	Bookkeeper Signa	ture	Date
	FOR OFF	FICE USE ONLY		
Account Balance \$	Grade Teach	er	Full Time	School only