WITHDRAWAL FORM

Pitt County Community Schools & Recreation After-School Enrichment Program Official Withdrawal Form

School	
Name of Student	
Date of Withdrawal	
Reason for Withdrawal	
This is to certify that my child is withdrawing from this After-School Enrichment Program at mother financial obligations have been met.	ny request; all fees and
I understand that this terminates our agreement for my child to attend the After-School Enrichn that if I desire to re-enter the program this school year we must reapply and pay the usual regist	nent Program. I understand ration fee.
Signature of Parent or Guardian	, Date
This is to certify that this Withdrawal is being made with all financial obligations met.	
Site Supervisor/Teacher	Date
Approved by After-School Coordinator	Date