

STUDENT WITHDRAW FORM

Child/ren's Name/s _____

Last day of attendance _____

___ 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.
(You must give 2 weeks' notice to be eligible for a refund)

Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____

Cell/ Work # _____

Signature _____

Date _____



REFUND INFORMATION (Office Use Only)

Tuition amount to refund \$ _____

Amount of outstanding bill \$ _____

TOTAL AMOUNT OF REFUND DUE \$ _____

Completed form is to be put into child's permanent file.



Riverview Christian Early Learning Center