

Student Withdraw form

We ask that all students that wish to withdraw from classes fill out this form. This form does not forgo payment however, advises the teachers that you will not be attending class any more to help with planning. Please drop the form off or mail it to 3093 Beverly Lane, Cambridge, MD 21613. Thank you.

Student Name: _____

Student Address: _____

Phone #: _____

Class or level you will withdraw from:

Date of withdraw: _____

**Reason for
withdraw:** _____

Parent/Guardian Signature _____