



104 Peachtree Rd. Asheville NC 28803

30-Day Notice of Withdrawal or Enrollment Modification

Child's Name _____

Requested Change - please check one

Withdrawal

Please state reason for withdrawal:

Final Date of Attendance: _____

Enrollment Modification

Current Schedule: Please Circle Days: M T W Th F

New Schedule: Please Circle Days: M T W Th F

Effective Date: _____

Parent Signature _____

Date _____