

El Segundo Summer Academy Withdrawal Form

Student Name:

Street Address

City/State/Zip Code

Parent/Guardian Telephone: _____

Parent/Guardian Email: _____

I wish to withdraw from the following Class(es):

Reason for Withdrawal:

With my signature below, I acknowledge that I understand the policies and will be forfeiting tuition and fees if this form is received after the published deadline(s).

Student Signature

Date

Parent/Guardian Signature

Date

Withdrawal Approved by

Teacher Signature

Date

Summer Academy Director Signature

Date

Return completed form to Summer School Office or email to docraygen.summerschool@gmail.com
