

WITHDRAWAL FROM SACC

This form must be filled out and returned to the SACC office one month prior to withdrawal from the SACC program. Please hand deliver completed form to the SACC office or send via email to: ntharsacc@yahoo.com

| STUDENT INFORMATION // ALL FIELDS REQUIRED | |
|--|--|
| NAME OF CHILD 1 | |
| PROGRAM(S) WITHDRAWING FROM | |
| PROGRAM(S) CURRENTLY ATTENDING | |
| ELEMENTARY SCHOOL | |
| NAME OF CHILD 2 (IF APPLICABLE) | |
| PROGRAM(S) WITHDRAWING FROM | |
| PROGRAM(S) CURRENTLY ATTENDING | |
| ELEMENTARY SCHOOL | |

MY CHILD(REN) WILL NOT BE ATTENDING SACC AS OF THE 1ST OF _____
(MONTH)

REASON FOR WITHDRAWAL: _____

PARENT SIGNATURE: _____ DATE: _____

PRINT PARENT NAME: _____

PLEASE NOTE // THIS FORM MUST BE SUBMITTED ONE MONTH PRIOR TO WITHDRAWAL FROM SACC.