

MEDLC Notice of Withdrawal Form

All withdrawal forms must be handed to the head teacher at the respective school no later than the 15th of the month prior to withdrawal.

I am submitting notice of withdrawal of my child /children from MEDLC at:

- Cedar Hill
- Hilldale
- Lazar
- Valley View
- William Mason
- Woodmont

Child Name: _____

Child Name: _____

Child Name: _____

The effective date will be _____

Please select one:

- Student MAY return this school year.
Parent MUST complete a re-entry form when returning to MEDLC in the same school year. Registration fee will not be charged for re-entry into the MEDLC program.

**First and last month tuition are required at time of re-entry. Student will not be permitted to participate in the MEDLC program for three (3) business days following completion of re-entry form.

- Student WILL NOT return this school year.
For reimbursement purposes, you will be required to complete a PO packet.

****Reimbursement will not be immediate.**

Parent/Guardian Signature: _____ Date: _____

Reason for withdrawal:

Head Teacher Signature _____ Date: _____