

# REFENS WITHDRAWAL FORM

(to withdrawal a student from the REFENS program during the school year)

Child's Name: \_\_\_\_\_ Class: \_\_\_\_\_

Date of last class: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

Reason for withdrawal: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Please return my post-dated cheques to me.  Please destroy my post-dated cheques.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\* \* \* \* \* \* \* \* \* \* \* \* \*

## FOR ADMINISTRATION USE ONLY:

Post dated cheques returned or destroyed for:

October November December January February March April May

Comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Date of completion of process: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

\_\_\_\_\_  
Chairperson's signature

\_\_\_\_\_  
Date