

NEW HANOVER COUNTY SCHOOLS

AFTER SCHOOL PROGRAM DISCONTINUATION FORM

**Please note that a one week advance notice is required.*

After School Program: _____

Parent/Guardian's Name: _____
Please Print

Contact Number: (____) _____

Enrolled Student's Name: _____
Please Print

Intended Last Day of Attendance: _____ / _____ / _____

Additional Comments: _____

All fees due must be paid in full by the last date of attendance. A student that is withdrawn from the program will not be able to attend. Re-registration will be necessary if you wish to re-enroll your child. If the program has spots available, a new application is required to be filled out completely and a new registration fee must be paid before your child may attend.

My signature below indicates that I understand the discontinuation and re-enrollment process for the after school program and that all information I have provided on this form is accurate.

Parent/Guardian Signature

Date

Program Coordinator Signature of Approval

Date