



**UNION PUBLIC SCHOOLS**  
**Extended Day Program**  
**Change and/or Withdrawal Form**



*For withdrawals, please complete the bottom of form ONLY*  
**Signature required at the bottom of this form for any changes or withdrawals**

**CHANGES:**

The following changes need to be made to \_\_\_\_\_ 's records.

**EFFECTIVE Date:** \_\_\_\_\_ **School:** \_\_\_\_\_

**Please indicate changes: (Check appropriate box)**

Currently:	AM	PM	Full-Time
Change To:	AM	PM	Full-Time
School Site:	_____		

**WITHDRAWAL**

I wish to withdraw my child(ren) from the Extended Day Program at \_\_\_\_\_  
(School)

**EFFECTIVE DATE:** \_\_\_\_\_

**Student's Name(s):** \_\_\_\_\_

Please note: All balances must be paid in full at withdrawal. If you do not know your balance, please call the Accounting Office at (918) 357-6086.

Check here if refund is needed. Refund Address: \_\_\_\_\_

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
EDP Representative Signature

\_\_\_\_\_  
Date

**Students withdrawn from program must pay the non-refundable \$25 registration fee each time they re-enroll.**

**Please submit this form to your site supervisor.**

Withdrawal forms must be **completed and received** (3) business days **in advance** of the effective date.

If you have already moved, you may submit as indicated below.

**Fax: 918 357 6066, Email [UnionEzChildTrack@unionps.org](mailto:UnionEzChildTrack@unionps.org) or mail to:**

**Union Education Service Center – Attention EDP 8506 E 61<sup>st</sup> Street Tulsa, OK 74133**

For Office Use Only:

- \_\_\_\_\_ Acct Adjustment
- \_\_\_\_\_ Customer Group
- \_\_\_\_\_ Emailed