BBHCSD BEEKEEPERS PROGRAM WITHDRAWAL FORM

Effective _____ my child _____ will no longer be
(date) (first & last name)

attending the AM and/or PM (circle one or both) session of the program, due to;

(Please check the box to indicate the reason)

- ☐ Work or School Schedule Change
- ☐ Found Alternative Care
- ☐ Too expensive
- ☐ Schedule needs could not be met or Regular Care not needed
- ☐ Moving
- ☐ Other (Please specify reason): _____

_____.

I understand that I will continue to be charged tuition until this notice is received by the Records Analyst Office. I further understand that I am responsible for all tuition not paid at this time.

_____	_____	_____
Parent/Guardian's Name (printed)	Parent/Guardian's Signature	Date

- This serves as a withdrawal notice for our records. If you are just looking to change your student's schedule, please write a note, or email your team leader or the records analyst.
- Furthermore, if a student is withdrawn and re-enrolled in the program, an additional $25.00 fee will be required.

Records Analyst Office
Phone: (440) 740-4156 Email: gibsonn@bbhcsd.org