

# POB CSD CHILD CARE Withdrawal Form

Email:	
Attn:	
CC:	
Auth:	
QBooks:	
Bill:	

**Today's Date:** \_\_\_\_\_

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

**School:** \_\_\_\_\_

**Teacher:** \_\_\_\_\_

\*\* You will only be able to reenroll after 6 weeks of being withdrawn if there is space available.

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

**Office Use Only:**

**Effective Date:** \_\_\_\_\_

**CC Office Signature:** \_\_\_\_\_