



OXFORD SCHOOL DISTRICT AFTER-SCHOOL PROGRAM

Charger After-School Withdrawal Form

Thank you for allowing your child to participate in the Charger After-School Program. We value your feedback and strive to improve our program. Please complete this form to help us understand your reason for leaving and your overall experience.

Student Name _____ Grade _____ School _____

Parent/Guardian _____ Contact Number _____

Student's Last Day of Attendance _____

Reason for Withdrawal: (Check all that apply)

- ☐ Scheduling conflict
- ☐ Financial reasons
- ☐ Transportation issues
- ☐ The child no longer needs after-school care
- ☐ Dissatisfaction with the program
- ☐ Other personal reasons
- ☐ Moving to a new school/district

Program Experience:

On a scale of 1 to 5 (1 = Poor, 5 = Excellent), please rate your experience with the following:

- Communication from the program [1] [2] [3] [4] [5]
- Quality of activities provided [1] [2] [3] [4] [5]
- Staff professionalism and support [1] [2] [3] [4] [5]
- Child's enjoyment of the program [1] [2] [3] [4] [5]
- Overall satisfaction with the program [1] [2] [3] [4] [5]

Would you consider enrolling your child again in the future? [Yes] [No] [Unsure]

Acknowledgment: I acknowledge that I am officially withdrawing my child from the Charger After School Program effective on the last date of attendance listed above.

Signature: _____ Date: _____

Thank you for your time and input. Your responses will remain confidential.