

Student Name:_

www.highlandspreschool.com 701 Monroe Ave. NE Renton, WA 98056 425-255-9422

Since 1953



Student Withdrawal Form

I am hereby informing Highlands Preschool of the withdrawal of my child:

Class Days/Time:	
ast day student will attend:	
tand that by completely filling out this form and promptly ially withdrawing my child from Highlands Preschool.	y returning it to the preschool, I
ease print):	
2:Date:	
rop in the outside locking mailbox rop in the inside locking collection box ail to: Highlands Preschool, Attn: Registrar, DI Monroe Avenue NE, Renton, WA 98056 ax to: 206-984-4038	For Office Use Only: Date Received: Copy to: □ Registrar □ Teacher Refund Due? Amount: \$ Date Mailed:
Exit Survey	
So that we may continue to improve, and make informed dec Preschool, please take a moment to let us know why you have	
 I am withdrawing my child because: □ Daycare/Work scheduling conflicts □ We're moving □ Cost of tuition/monetary concerns □ Other: 	
	last day student will attend: