

STUDENT WITHDRAWAL FORM

TRIINTY EDUCATIONAL MINISTRIES
SONSHINE PRESCHOOL & DAYCARE
(603) 434-6987 · 53 North Main Street, Derry, NH 03038
www.tagderry.org/spd

Student's Full Name _____ Today's Date _____

Home Phone _____ Effective Date _____

Father's Name _____ Mother's Name _____

Reason For withdrawal _____

Withdrawal Notice

If it is the desire of the parents that a student no longer attends Sonshine, the parents must notify the school in writing by completing a Student Withdrawal Form, which may be obtained from our website or the Director. Two weeks written notice is required prior to withdrawal of your child from Sonshine. You are responsible for two (2) weeks of School Tuition/Day Care Fees from time written notice of withdrawal is given. Student records cannot be released until the student's account is paid in full.

Father's Signature _____ Date _____ Administrator Signature _____ Date _____

Mother's Signature _____ Date _____ Bookkeeper Signature _____ Date _____

FOR OFFICE USE ONLY

Account Balance \$ _____ Grade ____ Teacher _____ Full Time __ School only ____