Pitt County Schools Summer Enrichment Program OFFICIAL WITHDRAWAL FORM

School:	
Name of Student:	
Date of Withdrawal:	
Reason for Withdrawal:	
S This is to certify that my child is withdrawing from this Summer Enric request; all fees and other financial obligations have been met.	hment Program at my
I understand that this terminates our agreement for my child to atten Program. I understand that if I desire to re-enter the program this so and pay the usual registration fee.	
Signature of Parent/Guardian	 Date
This is to certify that this withdrawal is being made with all financial of	obligations met.
Site Supervisor/Teacher	 Date
Approved by After-School Coordinator	 Date