



# Administrative Withdrawal Form

Date: \_\_\_\_\_

Program name/site: \_\_\_\_\_

Child's name: \_\_\_\_\_

Notified account holder's name: \_\_\_\_\_

Last date of attendance: \_\_\_\_\_

Dates missed: \_\_\_\_\_ Return date: \_\_\_\_\_

Initiated by:

Program or registration manager/director: \_\_\_\_\_

Child is eligible to return if:

Program manager/director approve

Not eligible

Account is paid in full

Payment plan arranged

Stop billing date: \_\_\_\_\_ Start billing date: \_\_\_\_\_

Date processed: \_\_\_\_\_ Initials: \_\_\_\_\_

White: Registration Office

Yellow: Program Manager/Director