

WITHDRAWAL NOTICE



****If you received OHIO ACE funding no refund will be given.****

The parent or guardian must complete and sign this form and turn it into the registration staff.

Participant's Name	Date
Program Name & Location	
Reason for Withdrawal	
Parent / Guardian Name	
Phone Number	
Email Address	

I understand that completion of this form does not automatically guarantee that I will be issued a refund. If a refund will be issued you will be notified via email. Please allow 5-7 business days for processing.

Parent or Guardian Signature & Date

Director Signature & Date - if withdrawal is for non payment, behavior, attendance:

Administrator Use Only

- Received by: _____ Date: _____
- Refund approved YES NO - Reason _____
- Participant withdrawn from registration database.
- Refund issued in registration database in the same form of payment
- Participants registration form removed from Master Binder & original filed with Withdrawal form in Withdrawal folder
- Copy Provided to Program Manager & Director of Arts Education