SACRED HEART SCHOOL

Faith, Family, and Academic Excellence.

35 Orange Street
New Britain, CT 06053

EARLY WITHDRAWAL FORM

Date: _____

Parent: _____

Student: _____

Grade: _____

Type of Notice:
- ○ Telephone
- ○ Letter
- ○ Fax
- ○ In Person

Received By: _____

I/We, the parent(s) of the above mentioned student, have decided to withdraw my/our child from Sacred Heart School. It is my/our responsibility to continue with the tuition/fee charges up until the effective date which is based on the 30 school-day notice–as stated on the tuition contract.

_____ _____

Parent/Guardian Signature Date

_____ _____

Parent/Guardian Signature Date

FOR OFFICE USE ONLY			
Last Day of School:		Tuition Cost (pro-rated) and Consumable Book Fee ($100)	
Effective Date: based on 30 school-day notice		Tuition Paid Scholarships	
Number of School Days		Balance	