FCCCI WITHDRAWAL FROM PROGRAM (2-WEEK NOTICE)

Refer to the School Year Handbook for policies relating to Termination of Service.

CHILD: ____

DATE OF NOTICE: ____________________ LAST DATE OF ATTENDANCE: ____________________

SITE: ❐BRADLEY ❐BRUMFIELD ❐C. HUNTER RITCHIE ❐COLEMAN ❐GRACE MILLER
❐GREENVILLE ❐H.M. PEARSON ❐M. M. PIERCE ❐MARY WALTER ❐P.B. SMITH

Comments: ____

Parent Signature: __________________________________ Date: _____________

FCCCI USE: •

❐Received at a site? Site: _______________ Staff: ____________________ Date: _____________

❐Received in Main Office: ❐From parent ❐Faxed ❐E-Mailed ❐Via Mail Date: _____________

❐Provided written 2-week notice ❐Did not provide proper notice

❐Parent confirmation copy: ❐given to parent ❐faxed ❐e-mailed ❐mailed ❐sent via site _________

Processed by: ________________________________ Date: _____________

White=Office Manager's Copy Yellow=Site Folder Copy Pink=Parent Copy Gold=Accounting Copy