

Change Option Request / Withdrawal Request



1685 W. Higgins Road Hoffman Estates, IL 60169 847-885-7500

Child's Name	
Parent's Name	
Home Phone #	Cell Phone #
Please circle your request.	
WITHDRAWAL	SWITCH OPTION PLANS
Today's Date:	Effective Date *:
	* 2 weeks notice must be given.
Withdrawal Request:	
Reason for Withdrawal	
Switch Option Plans	
Current Option Plan	Option Fee
New Option Plan	Option Fee
Please circle the days your child will be a	attending: M T W Th F
I authorize my weekly EFT payments to be changed accordingly to the new plan fee.	
Parent Signature	Date
Parent Signature	Date
Staff & Registrar Signature	

Stored: Change-Withdraw Request