



Two Week Withdrawal Notice

Date: _____

Please accept this as written notification that _____
(child's name)

will be withdrawing from Daniel Island Academy on _____
(date)

Our decision for withdrawal is for the following reason(s):

I understand that once I have submitted this two week notice my enrollment status will be considered inactive and therefore open to new enrollment.

I understand I am responsible for paying tuition through my two week notice.

I understand my tuition deposit is a guarantee of enrollment and exclusively applicable to the final two weeks or month of the agreed enrollment period, therefore withdrawal prior to the completion of the current enrollment period terminates any future enrollment commitment.

Parent/Guardian

Date

DIA Representative

Date

For Office Use Only:

Distribute – D, A.D., B.M, A.M, F.D.

Withdrawal Letter sent _____

Inactive in Computer _____

Accounting _____

DIA RECEIVED TIME / DATE STAMP