

Withdrawal Form

Victoria Japanese Heritage Language School Society (VJHLSS)

I, _____ (Print name), would like to withdraw the following student(s) from VJHLSS as of the date written below. I agree to abide by all bylaws and policies set by VJHLSS regarding this withdrawal.

Level/class	Students' name (please print)	Gender (M/F)	Date of birth (MM/DD/YY)	Last date of attendance (MM/DD/YY)

Address: _____

Parent/Guardian's Name (Please print) _____

Parent/Guardian's signature _____ Date _____

Accepted by (Please print) _____ Date _____
Director of VJHLSS

------(Director use only)-----

Tuition Refund Calculation: _____
 Refund method: _____

Received by: _____ (Print) _____ (Sign/Date)
 or email copy attached.