

Immaculate Conception



60+ years of quality
Catholic education

My child/children _____ will be withdrawn from

Immaculate Conception Catholic School effective _____
date

As of this date I/we understand that this permanently removes them from the school roster thereby relinquishing any entitled position within the classroom setting. Please notify the Administration Office to take care of your financial obligations. This form does not release you from any prior arrangements made for tuition deductions through the Administration Office.
If after this date above you wish to re-enroll it will be with the understanding that if there is a waiting list your child/children will be included on that list.

Signature

Date