

## NOTIFICATION TO DECLINE ENROLLMENT For 2017-2018 Academic Year

Please complete the following information to opt-out of continuous enrollment for the 2017-2018 school year. Note: You do not need to complete this if your child is graduating from  $12^{th}$  Grade.

Student Name\*:

Current Grade:		
*Please complete a separate form for each student declining enrollment.		
Please choose one of the options below:  o My child will not be returning next yoo  o My plans for next year are uncertain.	ear.  I will opt-out of continuous enrollment at this time.	
If you are uncertain about enrollment for the coming school year, please contact the Director of Admissions when your plans are finalized. Your student may be placed in a waiting pool or unable to register for classes until a decision regarding enrollment is made. The Admissions Office will be working with you during this time. We can only guarantee a student's place with the non-refundable tuition deposit.		
Please indicate which of the following are your reasons for declining enrollment (che		
Please indicate your plans for your child's  O Public school:  O Private School:  O Home school:  O Other:		
Parent/Guardian 1 Signature	Parent/Guardian 2 Signature	
Relationship	Relationship	
Date:	Date:	