



**TWO WEEK NOTICE OF DISENROLLMENT
FORM**

Name: _____

Current Date: _____

Class/ Teacher: _____

School Location: _____

My child's last day
at Kensington School will be: _____

Reason for disenrollment: _____

Note: When a two week notice of disenrollment is given, any deposit on account will be applied towards your outstanding balance. If a child disenrolls, he/she may not re-enroll for six weeks. Re-enrollment is dependent upon availability. A \$100 re-enrollment fee will be charged upon disenrollment.

Director's Signature: _____