



NOTICE OF DISENROLLMENT FORM

Name: _____

Current Date: _____

Class/ Teacher: _____

School Location: _____

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

Reason for disenrollment: _____

Full Day Program 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 \$200 non-refundable and non-transferrable re-enrollment fee will be charged upon disenrollment. This fee is forfeited if child does not return on anticipated date.

Date requested for my child to return: _____

Part Day Preschool Note:

Monthly tuition is non-refundable should your child disenroll before the end of the month. Full monthly tuition is due regardless of attendance.

Date requested for my child to return: _____

Special Note: Some file components, such as a child's medical form, may expire on disenrollment. A returning child's file must be complete and up to date to return.

Parent Signature: _____ Date: _____

Director Signature: _____ Date: _____