



Student Withdrawal Notification

I, _____, am notifying the NGLC that the
Parent Name (please print)

following child(ren) will be withdrawn effective _____
Date

(Please note that a two week notice is required.)

Child's Name(s)

Reason for Leaving

Parent Signature

Date

For Office Use

Received by _____

Date Received _____

Date Finance Office Notified _____

Director's Signature

Date

