



**Please download, print and bring or email to the school's office.**

\_\_\_\_\_ (child's name) will be withdrawn from Lakeside Montessori School effective \_\_\_\_\_.

I acknowledge that by withdrawing my child from Lakeside Montessori my Registration Fee and any deposits paid will be forfeited and the current contract is cancelled.

To re-enroll, I acknowledge that I will go through the enrollment process again, paying the \$100 Re-registration Fee and current tuition.

\_\_\_\_\_  
Parent's signature

\_\_\_\_\_  
Parent's printed name

\_\_\_\_\_  
Current date