

HSP NOTIFICATION OF WITHDRAWAL

Dear _____(**teacher's name**) I am
withdrawing _____(**child's name**)
from _____(**class name**)
effective _____(**date of withdrawal no earlier than last day of
attendance in class**).

Please have a conversation with the teacher if you are considering withdrawing from their class. Your Good Faith Payment will be forfeited with the withdrawal from above stated class.

Please tell us your reasons for withdrawal. Thank you for helping us improve our services to homeschooling families.

Please return this form to the office

Approved by: _____

HSP Administration