



19 West Lafayette  
P. O. Box 1106  
Fayetteville, Arkansas 72702

---

## Withdrawal Form

Today's Date: \_\_\_\_\_

My child, \_\_\_\_\_, will no longer attend  
(Child's name)

Central Children's Academy after \_\_\_\_\_.  
(Date)

**I understand that I must give the Academy two (2) weeks' notice so his/her spot can be filled as soon as possible. My child is leaving Central Children's Academy because:**

---

---

---

---

---

I have / have not been pleased with the care my child has received at Central Children's Academy. (Please circle one)

\_\_\_\_\_  
(Parent's signature)