



*Innovation School of Excellence*

2532 W. Tharpe Street  
Tallahassee, FL 32303  
Phone (850)575-5580 Fax (850)575-0833

**WITHDRAWAL FORM**

STUDENT NAME	LAST DATE OF ATTENDANCE	STUDENT NAME	LAST DATE OF ATTENDANCE
1. _____	_____	4. _____	_____
2. _____	_____	5. _____	_____
3. _____	_____	6. _____	_____

**REASON FOR WITHDRAWAL**

- Financial    Location of school    Poor customer service experience    Relocating to another city/state

Other: \_\_\_\_\_

Comments: \_\_\_\_\_

**WITHDRAWAL POLICY**

1. It is the policy of ISE to require a 10-working day notice to withdraw any student. In cases of extenuating circumstances that call for immediate withdrawal, for example relocation due to a death in the family, administration will determine if the 10-working day requirement and other related requirements may be waived.
2. Academic records will not be released directly to the parent/guardian at the time of withdrawal. Records will be forwarded directly to the student's new school within 24 hours of receipt of written request from the requesting school.
3. Financial Terms and Obligations:
  - a. All outstanding balances must be paid 10-working days before the scheduled last day of attendance in order to continue providing services. If the account is not paid in full 10-working days before the scheduled last day of attendance, the withdrawal becomes an immediate action upon receipt of the withdrawal notification and services will be terminated.
  - b. If a parent wishes to withdraw a child immediately without an extenuating circumstance, please note that the account will be billed 10-working days after the date of notification of withdrawal at the full-time tuition rate. Payment will be expected immediately in which the billing includes the dates of attendance and possibly thereafter.
  - c. Checks are not accepted as a method of final payment.
  - d. If the family is a recipient of funding by the Early Learning Coalition, a fee release statement is only issued to the parent on the child's last day of attendance.
  - e. Accounts that are not paid in full at the time of withdrawal will be subject to additional debt collection efforts that include:
    - i. Assessment of late payment charges on the account in addition to added debt collection charges.
    - ii. Report of the account to a collection agency for further collection as well as to the three credit bureaus.
    - iii. Placement of a financial obligation notation against all academic and cumulative folder records which include but are not limited to: report cards, transcripts, IEP's, AIP's, and disciplinary records. These records will not be released to a family whose financial obligations are outstanding. Original medical records are considered property of parents/guardians and thus will be returned to the parent/guardian within 24 hours of the completion of the withdrawal process.

**Your signature below denotes that you understand and agree to adhere to the terms stated above.**

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**Office Use Only**

- |  |  |
|--|--|
| <input type="checkbox"/> 10-day withdrawal notification waived         | <input type="checkbox"/> Refund due to parent. \$ _____ issued on _____. |
| <input type="checkbox"/> Account updated and parent notified of change | <input type="checkbox"/> Release academic records.                       |
| <input type="checkbox"/> Account update not needed                     |  |

\_\_\_\_\_  
Office Manager/Administrator Signature

\_\_\_\_\_  
Date