

OGC CLASS WITHDRAWAL FORM

I WOULD LIKE TO WITHDRAW MY CHILD(REN) FROM FURTHER CLASSES AT OGC.

DATE FORM FILLED OUT: _____

CHILD #1 NAME: _____ CLASS # _____

CHILD #2 NAME: _____ CLASS # _____

CHILD #3 NAME: _____ CLASS # _____

REASON FOR WITHDRAWAL: _____

_____.

Parent Signature

Date

.....
For Office Use Only:

Date received at OGC Office: _____

Last Day of Class for above Student(s): _____