



Islamic Center of the East Valley

Student Withdrawal Form

Qur'an Reading and Hifz Program



Student Information (who are withdrawing from program AND who are staying, if any, in the program.)

First	Last	Birth date	M/F	Withdrawing
				Yes / No
				Yes / No
				Yes / No
				Yes / No

Reason for withdrawing. Anything we can do better in future ... Please provide your feedback, JAK

Parent/Guardian Information: Name: _____

Address: _____

Parent Phone: _____

Email: _____

My current monthly deduction for enrolled students is: \$ _____

My new monthly deduction will be: \$ _____ (write zero if all students in family are withdrawing.)

Note: Tuition auto-deduction happens on monthly basis. If your monthly tuition is paid, but you are withdrawing at the middle of the month, you can ask for partial month refund (or donate it to Masjid)

Yes_ I would like to get partial month refund.

No_ I would like to donate my partial month tuition to Masjid as one time donation.

Parent/Guardian Full Name (Use UPPER CASE LETTERS)

Signature

Date

Please submit the form to any administration member or your child's teacher.

FOR OFFICE USE ONLY: (Parents please do not write in this section)	
No. of children withdrawn: _____	No. of children still enrolled: _____
New fee amount \$ _____ per month.	
Form Received Date _____	Received by: _____ Reviewed by: _____