ASL WITHDRAWAL FORM

Submit this form to the Registrar's Office

Withdrawal may not be your only or best option. Please check with a Coordinator to get more help.

Circle Semester & Indicate Date				Sem 1	Sem 2	S	ummer	Date:	
Student ID#	t	Student Name (print):							
Parent Name					Parent Phone				
Forwarding	Address:								
Reason for \	Withdrawal:_	Academi	cHealt	hFin	ancialW	orkMilita	aryF	amilyPers	sonal
American School of Leadership will prorate the fees assessed based upon the official date of withdrawal, School Refund policy applies as listed on our website.									
PAYMENT PLAN: Are you on an ASL Payment Plan:YesNo You are responsible for any remaining payments on your payment plan. Any refund of fees will be applied to your payment plan. Any refund of fees will take 30 days to process. For additional information contact Business Services at (407) 801-5140 or registrar@americanhigh.us									
Parent signature on this form is the official notification of intent to withdraw your child from all classes at American School of Leadership									
Parent or Legal Guardian Full Name:									
Signature <u>:</u>									
OFFICE	ICE ONLY				<u>_</u> _				
OFFICE USE ONLY							Official WD Date:		
Student Grade: Processe			Processed E	Зу:			Comm	ients:	
Reception Date:									
Academic year	Semester Start date	Semester End date	Amount Paid	Date of refund request	Week of Refund	Percentage of refund	Refund Amount	Expected Payment Date	Method of Reimbursement
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