

2300 SW 17th Road
Ocala, FL 34471

Phone (352) 369-2315

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VPK WITHDRAWAL FORM

(Please print legibly)

Provider Name:	
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Child Name:	
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Parent Name:	
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Street Address:	
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Apt./Suite #	
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City, State, Zip	
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Telephone Number:	
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Last date of attendance in the program: (This is the date the child will be withdrawn from the VPK Program)	
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Reason for Withdrawal:

<input type="checkbox"/>	Transferring to another site
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<input type="checkbox"/>	Parent no longer interested: (Explain)
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<input type="checkbox"/>	Moving out of area
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<input type="checkbox"/>	Other: (Explain)
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Provider Signature:

Date

ELC Staff Signature

Date