



50 Dunham Ridge Rd, Beverly  
1 Scott's Way, Essex  
225 Maple St, Middleton  
16 River St, Middleton  
185 Lynn St, Peabody  
17 Mill St, South Hamilton  
50A Audubon Rd, Wakefield

## WITHDRAWAL REQUEST FORM

School Location: \_\_\_\_\_

Today's Date: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

Child's Name: \_\_\_\_\_

DOB: \_\_\_\_\_

Child's Current Class Name: \_\_\_\_\_

### WITHDRAWAL REQUEST

**PLEASE NOTE:** Please remember to provide at least **four weeks written notice** before your child's last day to apply the remainder of your deposit to your last week's billing.

My child's last day will be \_\_\_\_/\_\_\_\_/\_\_\_\_.

Reason for withdrawal:

---

---

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please submit this form to [info@magicalbeginningslc.com](mailto:info@magicalbeginningslc.com)

### OFFICE USE ONLY

Withdrawal Approved/Numbers updated \_\_\_\_\_

#### NOTES:

Parent/Guardian (initial partial approval): \_\_\_\_\_

Date: \_\_\_\_\_

Director's Signature: \_\_\_\_\_

Date: \_\_\_\_\_