

Victory Learning Center

1307 Lebanon Road Nashville, TN 37210
(615)843-5830

Child Withdrawal Two Week Notification Form

Date: _____

Parent's Name _____

Child's Name _____

Class _____

I will be withdrawing my child on _____. I understand that if this is not a two (2) week notification that I am responsible to pay for two weeks tuition.

Parent's Signature

For Office Use Only: Received on _____ Notes _____ _____
