

www.heavenlypalms.com 214.400.5764

Withdrawal Form

loday's Date	Effective Date:
Child's Name:	Current Grade Level:
Parent(s):	Cell:
Home Phone:	Address:
Date of Birth:	
I, understand I must provide a 30-day notice to cancel	
tutorial services with Heavenly Palms , L	LC Diagnostic and Tutorial Services
Refunds will not be issued. I understand my child will complete his/her paid	
classes prior to withdrawal. Failure to	complete any outstanding prepaid
classes will result in the forfeiture of all remaining classes.	
Parent Signature:	