

CLASS TERMINATION

Parent/Guardian Full Name:		
Home #:	Cell #:	Work #:
E-mail:		
Street Address:		
City:	State:	Zip Code:

Student Full Name:		
Class:	Day:	Time:

Reason for termination (check all that apply):

- ☐ Moving (where to? _____)
- ☐ Price
- ☐ Other extra curricular activities take priority over MPA enrichment classes
- ☐ Dissatisfied (please explain) _____
- _____
- _____

Would you like us to contact you in the future about re-enroll?

- ☐ Please contact me to restart on: _____

This form serves as my written 30 day notice for cancelation of my contract with Math Plus Academy.

Print _____

Sign _____ Date _____

For Office Use Only	
<input type="checkbox"/> Termination Date Entered in App	<input type="checkbox"/> Subscriptions Ended Inits: _____ Date: _____