

<p>Norris School District EDC Program Notice of Withdrawal Form</p>
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Student Name:	EDC Location:
Student Name:	
Parent Name:	Phone:

Last Day of Service:
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The Norris School District office must receive this notice two (2) weeks prior to the date you wish to discontinue service. Final payment if applicable **must** accompany your notice. Should this notice not be received timely, you could be subject to a full month's tuition. Please refer to your contract.

Signature:
Date:

Upon completion this form **must** be submitted to the Norris School District Office located at 6940 Calloway Drive, Bakersfield, CA 93312.

When faxing, your notice will only be accepted and processed when final payment is received, if applicable. Norris School District EDC Office  
Fax # 399-9750

Norris School District Office Use Only

Date Received:	By:	Entered:
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