



Center City Public Charter Schools

Character, Excellence, Service

Morning Academy and Extended Learning Cancellation Form

Student First & Last Name: _____

Campus: _____

Service Level (check all that apply): _____ Morning Academy _____ Extended Learning

Reason for Cancellation (check all that apply):

_____ Service No Longer Needed _____ Not Satisfied with Quality of the Program/Staff

_____ Cost of the Program _____ Program Hours Conflicts with My Schedule

_____ Other (state reason): _____

Service to End (please indicate all month(s) that apply to cancellation request):

By signing below, I acknowledge that:

- I am cancelling Morning Academy and/or Extended Learning services for the month(s) indicated above.
- I understand that cancellations after the on-set of a new service month will not result in refunding of fees for that month.
- I understand that a new registration form will need to be submitted to the main campus office by the 16th of the month if I choose to re-enroll my child(ren) in the future.

Parent/Guardian Signature

____/____/____
Month Day Year

Office Use Only: Date Received: _____ Received by name: _____ Date Entered in PS: _____