



# Park City Independent

## WITHDRAWAL REQUEST FORM

Park City Independent: Admissions  
8860 E. Chaparral Road, Suite 100  
Scottsdale, AZ 85250

UPON SUBMISSION OF THIS REQUEST, YOUR STUDENT IS NO LONGER ENROLLED AT PARK CITY INDEPENDENT. ALL CLASSES WILL BE DROPPED AND YOU WILL BE REQUIRED TO RE-ENROLL TO ATTEND. THIS MAY INCLUDE FEES AND ALL RE-SUBMISSION OF ENROLLMENT FORMS. PLEASE ALLOW 1-3 BUSINESS DAYS TO PROCESS THIS REQUEST.

<b>Student Information</b>		
Full Name		Date of Request
E-mail Address	Date of Birth	Phone Number
Address	Reason for Withdrawal	

<b>Student Signature</b> (if under 18, please include a parent/guardian signature. Must match information in the student file)	
Student Name	Date
Student Signature	
Parent/Guardian Name	Date
Parent/Guardian Email Address	
Parent/Guardian Signature	