Student Return

Student Name__________________________________________________________

Parent Name___________________________________________________________

Parent e-mail address____________________________________________________

Teacher_______________________________________________________________

Date of return for student:_______________________________________________

Student schedule:________________________________________________________

Tuition payment:

☐ ACH direct debit payments, use information on file.

☐ ACH direct debit payments, new information is attached.

☐ I will pay by check or cash

Parent Signature_______________________________________________________ Date:________________________