Lowcountry Montessori School
Registrar's Office
749 Broad River Drive
Beaufort, SC 29906
843-322-0577 / 843-322-0925 (fax)

Student Withdrawal Form

Student Full Name: _____ Grade _____

Birthdate: _____

Date of Withdrawal: _____ Transferring To: _____

Student's Home Address: _____
(Street)

_____ _____
(apt) (City) (State) (Zip)

Student's Mailing Address: _____
(Street)

_____
(apt) (City) (State) (Zip)

Parent / Guardian's Full Name:_____
Please Print

Parent / Guardian's Phone Number: _____ _____
(Daytime) (Evening)

Reason for Withdrawal: _____

_____

By signing below, I understand that I am forfeiting my child's seat at Lowcountry Montessori. Should I choose to re-enroll in the future, I understand that I will have to reapply and subsequently follow the enrollment procedures and may be subject to any standing waitlist for enrollment.

Parent / Guardian's Signature _____
(date)