

San Luis Coastal Adult School  
**Parent Participation Cooperative Preschool**  
1500 Lizzie Street, Bldg. H2  
San Luis Obispo, CA 93401



**WITHDRAWAL FORM**

**We are always sorry to lose a family from the Cooperative Preschool. Please complete this form, giving a thirty day notice, and submit to the Adult School office. Families are responsible for fulfilling all fees and volunteer responsibilities during those thirty days.**

**This is to notify the Parent Participation Cooperative Preschool that I wish to withdraw from the program.**

**PARENT'S NAME:** \_\_\_\_\_

**CHILD'S NAME:** \_\_\_\_\_

**TODAY'S DATE:** \_\_\_\_\_

**EFFECTIVE DATE:**                     

**Please feel free to share any comments or suggestions:** \_\_\_\_\_

---

---

---

---

**Parent Signature** \_\_\_\_\_