

#200, 731 - 6th Avenue S.W. Calgary, Alberta, Canada T2P 0T9 Tel. (403) 262-8851 Fax. (403) 262-8911

## Withdrawal Form

## **Personal Information**

Last Name	First Name		Middle		le Name	
Address		City			Province	
Country	Postal Code	Pho	one Numbe	er		
Date of birth (MM/DD/YYYY)	Email Address	·				

## **Program Information**

Start Date (MM/DD/YYYY)	End Date (MM/DD/YYYY)	
Reason for withdrawal:		

\* I have read and understand Maple Leaf Academy's withdrawal and refund policy.

- \* I understand that by submitting this form, I will be withdrawn from my program at Maple Leaf Academy.
- \* If I wish to reapply, I must complete and submit a new registration form and pay the applicable fees.
- \* I understand that any refunds will be returned to the entity/location that originally paid the tuition.

Signature

Date

Please email your completed form to: esl@mapleleafacademy.com or mail your form to:

Maple Leaf Academy #200, 731 – 6<sup>th</sup> Avenue SW Calgary, AB T2P0T9 Canada