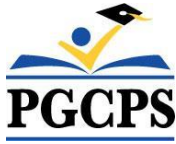


**Voluntary Withdrawal from the Montessori Program
Parent Form**

I, _____, have elected to withdraw my child,
_____, from the _____
(Name of School)

Montessori program, effective _____. I understand that I will have a
ten-day (school days) grace period to reconsider. After ten (10) days, my child's placement in
the Montessori program will be forfeited.

Parent/Guardian's Signature: _____ Date: _____



SAMPLE LETTER

Voluntary Withdrawal from the Montessori Program for School Letterhead

Date

Dear _____:

We understand that you have chosen to withdraw your child, (Name of Student), from (Name of School) Montessori program. As part of the withdrawal process, we ask that you:

1. Schedule a brief exit interview with the Montessori Program Coordinator at the school.
2. Schedule a 30-minute withdrawal appointment with the Registrar.

Some important information that you may wish to share with your child's new classroom teacher and/or the school's Reading Specialist is that your child received the same Prince George's County Public Schools (PGCPS) curriculum standards as all other students, but delivered in the Montessori Model.

Please complete the form on the next page to indicate that you understand once your child has been withdrawn from our school, you will have a ten-day (school days) grace period to change your mind. After the ten (10) days, your child's placement in the Montessori program will be forfeited.

We wish to thank you for all you have done to support your child's learning in the PGCPS Montessori program, and wish you and your child much success with his/her future academic endeavors.

Sincerely,

(Principal's Name)
(School Name)