



**Withdrawal Form**

Student Name

Grade

Withdrawal Date

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Reason for withdrawal:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
CyberLynx Contact Teacher's Signature

\_\_\_\_\_  
Date

Students withdrawing from CyberLynx prior to November 1 must immediately return any materials purchased by CyberLynx and/or repay any payments made to the family by CyberLynx.

Withdrawn (please indicate one)

- in person
- by phone
- via email