

Today's Date _____
 Parent's Name _____
 Child's Name _____
 Street Address _____
 City, State, Zip Code _____
 Telephone Number _____
 Email Address _____
 Class _____
 Date of Last Class Attending _____



DROP FORM

If leaving Little Wonders prior to the end of the school year, you are required to complete a Drop Form and an exit interview.

Have you . . .

- Told the Registrar you are leaving (registrar@littlewonders.org)? yes no
- Told your Teacher you are leaving? yes no
- Told your Annual Job Chairperson? yes no
- Completed your Annual Job or paid buyout fee? yes no
- Submitted a Job Completion Form? yes no
- Completed your Super School Wash or paid a \$100 buyout fee? yes no

Please explain your reason for leaving: _____

Annual Job Assignment: _____

Job Chairperson: _____

Please explain what you have done for your Annual Job to date: _____

You will be contacted shortly at the above number by our Exit Interviewer.

Thank you for participating in Little Wonders. We are sorry you are leaving our school.

Any questions regarding completion of this form should be addressed to the Registrar at registrar@littlewonders.org or at (650) 348-0736.

SUBMIT COMPLETED FORM TO REGISTRAR

Kristin Pepper
 Little Wonders
 2000 San Carlos Avenue
 San Carlos, CA 94070

For School Use Only	
Date teacher/registrar notified	_____
Date of last class	_____
Number of Classes Remaining	_____
Exit Interview Completed	_____
Annual Job Completed/Buyout Paid	_____
Wash Completed/Buyout Paid	_____