



NOTICE FORM

I hereby give a notice of my child's last day at **Imagination International Pre-school**

Child's Name _____

Personal Number _____

Address _____

Phone Number and Email _____

The last day of attendance will be _____

Mom's name and Personal Number _____

Dad's name and Personal Number _____

The monthly payment is to be paid in advance. The parents must give one month written notice if they wish to recall their school place, during which time the school fee has to be paid. The date of notice starts from the day the Administration has received this form.

Parents' signatures:

Mom _____

Dad _____

Administrator's signature: _____

Place and date _____