



12651 South Dixie Hwy, Suite 319, Pinecrest, FL 33156 Phone 305.233.5723 [info@diplomaathome.com](mailto:info@diplomaathome.com)

## Student Withdraw

**Please fill out completely**

Student ID Number: \_\_\_\_\_

Name: Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Social Security #:    -

Date of Birth: Month: \_\_\_\_\_ Day: \_\_\_\_\_ Year: \_\_\_\_\_



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I am requesting to drop out of American Academy of Pinecrest for the following reason:

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I understand that if I am not within my 30 days of enrollment period I will not receive a refund minus \$25 administrative fee

Signature: \_\_\_\_\_ Date: \_\_\_\_\_