

MEMORANDUM FOR: CYSS, YSSAS

SUBJECT: Request for Disenrollment

1. Request my child(ren) to be disenrolled from the Massey Hill Transportation Program.

Effective Date: _____

Name of Sponsor: _____

Sponsor AKO or Email Account: _____

Names of child(ren) to be disenrolled: (PLEASE PRINT)

Child's Name	Grade
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

- 2. I understand that disenrollment during the month with valid PCS orders or a valid medical reason does not entitle me to a refund for any portion of the month.
- 3. I understand that I am liable for the full monthly fee even though I disenroll at any time during the month.
- 4. I understand that failure to clear my account will result in unpaid balances forwarded to the Finance and Accounting Office for collection.
- 5. I understand that failure to complete the disenrollment request will result in continual billing and payment of the account.
- 6. Reason for disenrollment:

Date of Request: _____ **Signature of Sponsor/Guardian** _____

Duty Telephone Number _____

Home and/or Cell Number _____

CYSS Representative: _____

Date: _____