

Notification of Non-Renewal of Enrollment Agreement

| My child, | will not be returning to The |
|---------------------------------------|------------------------------|
| Academy of Scholars for the 2023-2024 | academic year. |
| | |
| Parent Name (printed) | |
| Signature | |
| Date | |
| | |
| Reason for non- | |
| renewal: | |
| | |
| | |
| Received and Acknowledged: | |
| Director of Student Success | |
| Dr. Brian Bolden: | |
| Date: | |