



# Withdrawal from Centre Form

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

I \_\_\_\_\_ will be withdrawing my child/ren  
\_\_\_\_\_ (names) from Country Gate.

With the mandatory two week notice required the last day they will be  
requiring care is \_\_\_\_ / \_\_\_\_ / \_\_\_\_.

The reason my child is leaving is due to:

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I would like to give the following feedback:

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Do you consent to us using your feedback on our website and social media?

- Yes  
 No

Parent/caregiver signature: \_\_\_\_\_