



MYRON B. THOMPSON ACADEMY SUMMER SCHOOL

1040 Richards Street, Suite 220
Honolulu, Hawaii 96813
Phone: (808) 441-8000
www.ethompson.org



Summer School 2017 Withdrawal Form

Disenrollment will not be complete until verified by MBTA.

Withdrawal Deadline for 100% Refund: June 1, 2017

Withdrawal Deadline for Partial Refund: June 9, 2017

Please **TYPE** or **PRINT CLEARLY** – Do not leave any fields blank.

Write "N/A" where no information is available.

Submit all Documents to (MAIL): Myron B. Thompson Academy – Summer School
1040 Richards Street, Suite 220
Honolulu, Hawaii 96813

Submit all Documents to (EMAIL): MSHYDEN@ETHOMPSON.ORG

STUDENT PERSONAL DATA

Last Name: _____ Gender: _____
First Name: _____ Grade Level: _____ **SY 17/18**
Middle Initial: _____ Lineage: (Jr., II, III, etc.): _____ Birth date: _____
Home Phone: _____ Email: _____
If a DOE Student - DOE Student Number (10 digits): _____

WITHDRAWAL FORM WITH PARENT/GUARDIAN SIGNATURE

Course 1 – Title & ACCN Code

Course 2 – Title & ACCN Code

Reason for Withdrawal:

By signing below, I understand that the reimbursement check will be made out to both parents/guardians and sent to the mailing address provided on the application.

Parent/Guardian Name: _____

Signature: _____ E-mail: _____ Date _____

***** For Office Use Only *****

Refund Approved _____
Amount to be refunded: _____

Received by: _____
Date of Receipt: _____