



STUDENT FULL NAME (PLEASE PRINT):

USAHSID:

I/we, \_\_\_\_\_, the parent(s)/legal guardian(s) for the above-referenced student, agree to the voluntary withdrawal of my/our child from the CIEE USA High School Program as of this date: \_\_\_\_\_, the anticipated date of return to our home country.

I/we understand that, upon withdrawal, the J-1 visa and student health insurance will be cancelled and my/our child must return home as soon as possible. I/we also understand that CIEE is no longer responsible for my/our child after their departure from their host family.

SIGNATURE OF PARENT OR LEGAL GUARDIAN

Natural Parent Name(s):

Signature(s) of Natural Parent(s):

Date: