

YEP STUDENT DROP FORM

YEP

Youth Enrichment Program

Date: _____

Parent's Name: _____

Phone Number: _____

Student's Name: _____

School of Attendance: _____

Effective Drop Date: _____

Reason for Dropping: _____

YEP

Youth Enrichment Program
4700 Line Avenue, Suite 207
Shreveport, Louisiana 71106
Phone (318) 865-0749
Fax (318) 865-2237