

# YEP STUDENT DROP FORM



## Youth Enrichment Program

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

Parent's Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Student's Name: \_\_\_\_\_

School of Attendance: \_\_\_\_\_

Effective Drop Date: \_\_\_\_\_

Reason for Dropping: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_



Youth Enrichment Program  
4700 Line Avenue, Suite 207  
Shreveport, Louisiana 71106  
Phone (318) 865-0749  
Fax (318) 865-2237  
Email: [yep@yep-la.org](mailto:yep@yep-la.org)