



Atlantic City Public Schools
Administration Building
1300 Atlantic Avenue 5th floor
Atlantic City, NJ 08401
609-343-7200 Ext. 5003

Living Tree Cancellation Form

Please email the completed form to livingtreesupport@acboe.org

I wish to cancel my child's LivingTree account. For this cancellation to take effect, I must receive a confirmation of cancellation. If I do not receive a written confirmation of cancellation within 10 days, I will email support at livingtreesupport@acboe.org. By completing this form and signing below, I am also confirming that I am the legal parent or guardian of the listed student and that the completed information is accurate.

Yes, I wish to cancel Living Tree for my child as listed below and understand that the effective date of cancellation is my written confirmation of cancellation.

Student Name: _____ Student ID #: _____

Student Grade: _____ Student Age: _____

School: _____ Homeroom Teacher: _____

Legal Parent / Guardian Name (Printed First, Last): _____

Legal Parent / Guardian Signature: _____

Legal Parent / Guardian Email Address: _____