

Class Withdrawal Form

PLEASE COMPLETE THE FOLLOWING INFORMATION AND RETURN
TO THE BUSINESS OFFICE.

STUDENT NAME: _____ DATE: _____

STUDENT CLASS/CLASS/CLASSES:

PARENT NAME: _____

REASON:

TO OFFICIALLY WITHDRAW FROM A CLASS:

- ❖ Complete this form in full and return to the business office by the 10th of the month. Teachers are not authorized to accept this form.
- ❖ If this written notice is not received by the 10th of the month, you will be charged for the current month, and then dropped the following month.
- ❖ Class fees are non-refundable.

By signing below, you are accepting responsibility for all outstanding charges on your account, including tuition.

PARENT SIGNATURE: _____ DATE: _____

DIRECTOR'S SIGNATURE: _____ DATE: _____

FOR OFFICE USE ONLY:

_____ Customer Satisfaction Survey Sent

Date processed: _____