



OFFICE USE ONLY: Drop Date: _____ Delete fees (if already posted): _____
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WITHDRAWAL FORM
(DROP CLASS REQUEST FORM)

Withdrawal Form must be received by the 15th of the month prior to the effective withdrawal month. (Example: April 15th for withdrawing as of May)

I, _____, _____,
(parent/guardian full name) (phone number)

would like to withdraw _____ / _____,
(student's full name) (age)

from his/her current class: Class _____ Level _____,

Day _____, Time _____.

Please, discontinue automatic payments to my Credit Card or Debit Card.

Please, withdraw my child from class effective: Month _____

Reason for withdrawal: _____

Parent/Guardian Signature: _____ Date: _____

STUDENTS MAY RETURN TO THE PROGRAM AT ANY TIME*. REGISTRATION FEE IS VALID UNTIL JULY 31st.

* Students may return to the same class only if not full, otherwise you need to choose other day, time, class.