



<p>OFFICE USE ONLY:</p> <p>Drop Date: _____</p> <p>Delete fees (if already posted): _____</p>
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**WITHDRAWAL FORM**  
**(DROP CLASS REQUEST FORM)**

Withdrawal Form must be received by the 20<sup>th</sup> of the month prior to the effective withdrawal month. (Example: April 20<sup>th</sup> 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.