

Withdrawal Notice

Child's Name: _____ Today's Date: _____

Current Class Day: _____ Class Time: _____

Date of Last Class: _____

Are you currently enrolled in Automatic Payment or Invoice? YES or NO

If so please indicate which one: PAYMENT or INVOICE

Reason for Withdrawal: _____

By signing this form, I understand that my child is no longer enrolled for classes and therefore will not be eligible for any make-up classes that may have been accumulated prior to the date of last class.

Parent Name (Print) _____

Parent Signature _____

For Staff Use Only:

Staff Initials: _____

Updated Information: _____

