

Withdrawal Form

Withdrawal Form must be received by the 20th of the month prior to the effective withdrawal month.
(ex: April 20th for withdrawing the month of May.)

I _____, _____ would like to withdraw _____ / _____
(parent/guardian full name) (phone number) (student's full name / age)

from his/her current class: Level _____, Day _____, Time _____, Teacher _____

Please discontinue automatic payments to my Credit Card or Check Account.


I understand that my child's spot in that class is no longer held once I withdraw.

Please withdraw my child from class effective: Month _____.

Reason for Withdrawal: _____

Parent/Guardian Signature: _____ Date: _____

STUDENTS MAY RETURN TO THE PROGRAM AT ANY TIME. ENROLLMENT FEE IS GOOD FOR ONE FULL YEAR FROM THE ANNIVERSARY MONTH OF YOUR ORIGINAL ENROLLMENT.

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Follow up phone call: _____ Date: _____ Teacher: _____