

Withdrawal Form

Before you withdrawal please makes sure you have made an appointment with us and we cannot accommodate you by trying another class or meeting your needs in another way. We value you as a Student and Parent!

We can accept your withdrawal as follows:

- o You have been a Student for 2 months!
- o It is the first class of the pay period and you have made your payment. (Week of 23rd) If not the withdraw will need to be dated the next 23rd and that payment will be due!
- o It is not between FEB 23rd and JUNE 23rd of the Fall Season or JUNE 23rd and AUGUST 23rd of the Summer Season.
- o You are not a Team Member
- o You do not have a Solo Class
- o You are submitting this form in person or have faxed or emailed it in and confirmed approval and receipt of document by phone with a Office Staff Member.

Lesson Day_____ Lesson Time_____

Type of Lesson_____ Teacher_____

Student name_____ Parent name_____

Phone Number_____ Address_____

Reason for Withdrawing_____

Today's Date:_____

Form of payment on file to make last payment_____

Date last payment will be debited_____

_____ Check if you have checks on file and wish them destroyed!

Signature of Parent or Adult Student

I have read this form and have made sure that everything is correct and filled out before having

Parent sign the form._____

Signature of Office Staff: