

# WITHDRAWAL FORM

As stated in our policies and procedures, to discontinue any class, 30 days notice from the first of the month must be given.

Class Name \_\_\_\_\_

Class Day \_\_\_\_\_

Class Time \_\_\_\_\_

Teacher \_\_\_\_\_

Student Name \_\_\_\_\_

Parent Name \_\_\_\_\_

Phone Number \_\_\_\_\_

Address \_\_\_\_\_

Reason for withdrawing \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent or Adult Student

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Today's Date \_\_\_\_\_ Last day of class \_\_\_\_\_

Amount Due \$ \_\_\_\_\_

Reason for Amount Due \_\_\_\_\_

Date of Action \_\_\_\_\_ Ck# \_\_\_\_\_

Ofc Use: \_\_\_\_\_ Date \_\_\_\_\_ Initial \_\_\_\_\_

**TO AVOID ADDITIONAL BILLING, PLEASE SIGN AND RETURN AS SOON AS POSSIBLE!**