



Withdrawal Form

Student Name _____

Class Day/Time _____

Class Type _____

Teacher _____

Parent Name _____

Reason for withdrawing _____

I AM AWARE:

Drop forms not received by the 20th of the month will result in the normal charge of tuition fees for the next month.

I have read this fully and understand the above written statements.

Signature of Parent/Adult Student (**18 yrs or older**)

Today's date _____

Last day of classes _____

(OFFICE USE ONLY)

Employee Initials _____