

Withdrawal Form

Student Name _____

Parent Name _____

Class Day/Time _____

Class Type _____

Teacher _____

Reason for withdrawing _____

Today's date _____

Last day of classes _____

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.

ACCOUNT OPTIONS

- Place account on hold for up to two months, no re-registration fee.
Start auto billing on _____
- Account on hold for one month, \$20 charge allows for make-ups during one month's time. Start auto billing on _____
- Account stopped indefinitely, a \$30 registration fee due upon re-enrollment.

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)

Processed on _____ **Employee Initials** _____