SPARK OF CREATION STUDIO
Dance - Music - Theater

CLASS WITHDRAWAL FORM

☐ FALL ☐ WINTER ☐ SPRING ☐ SUMMER _____ YEAR

DATE: _____

STUDENT NAME: _____
LAST FIRST M.I

ACCOUNT NAME: _____
LAST FIRST M.I

HOME/CELL #: _____ E-MAIL: _____

REASON FOR CLASS WITHDRAWAL:

_____

_____

_____

_____

I UNDERSTAND THAT TWO WEEKS NOTICE MUST BE GIVEN PRIOR TO STUDENT'S LAST DAY OF ATTENDANCE OR THE FOLLOWING MONTH'S TUITION WILL BE CHARGED TO MY ACCOUNT. THERE ARE NO REFUNDS ON TUITION. I AM ALSO RESPONSIBLE FOR THE FULL PAYMENT OF ANY COSTUME BALANCES THAT HAVE BEEN ORDERED FOR ALL DROPPED CLASS(ES).

_____ _____
STUDENT/PARENT SIGNATURE DATE

CLASS/DAY/TIME	INSTRUCTOR'S SIGNATURE	DATE

Office use only:

DATE RECIEVED: _____ STAFF INITIALS: _____

AUTO-PAY METHOD: EFT / CREDIT CARD / NONE TUITION STOP/ADJ DATE: _____

NOTES: _____

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