



Student's Name\_\_\_\_\_

Date of Birth\_\_\_\_/\_\_\_\_/\_\_\_\_

Address\_\_\_\_\_

City\_\_\_\_\_ Zip\_\_\_\_\_ Phone\_\_\_\_\_

Parent or Guardian\_\_\_\_\_ Alt. Phone\_\_\_\_\_

Classes & Age Group

Day

Time

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reason for withdrawal: \_\_\_\_\_

**Please share comments regarding your decision. What can we do to improve the class?**

**Comments:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**I would like to withdraw my child(ren) from the second semester of dance studio classes. I understand that by doing so, my child(ren) will no longer have a spot for the second semester of dance studio classes. If I wish to resume classes in the future, I may have to wait until a spot opens.**

**Signature of Parent/Guardian\_\_\_\_\_ Date\_\_\_\_\_**