



2019-2020 Withdrawal Form

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 _____