

# Withdrawal Form



Parent's Name \_\_\_\_\_

Student's Name(s) \_\_\_\_\_

Regularly Scheduled Class Time \_\_\_\_\_

Date of Last Class Attended Will Be \_\_\_\_\_

Reason For Withdrawl \_\_\_\_\_

Do you Intend to Return? \_\_\_\_\_ If yes, when will you return? \_\_\_\_\_

Is it okay for us to contact you in the future? \_\_\_\_\_

How can we better serve you? \_\_\_\_\_

**I AGREE THAT I AM FINANCIALLY RESPONSIBLE FOR MY FINAL MONTH'S TUITION. MY FINAL MONTH WILL BE \_\_\_\_\_, AND MY LAST LESSON WILL BE ON \_\_\_\_\_. IF MY FINAL MONTH'S TUITION PAYMENT IS NOT RECEIVED BY THE 2<sup>ND</sup> WEEK OF THE MONTH, I AUTHORIZE ALL STAR SWIM ACADEMY TO CHARGE MY CREDIT CARD ON FILE FOR MY FINAL MONTH'S TUITION PAYMENT.**

**PARENT SIGNATURE** \_\_\_\_\_

**DATE SUBMITTED** \_\_\_\_\_