

OFFICIAL TWO WEEK WITHDRAW / DROP NOTIFICATION FORM

Date Submitted: _____

2 Weeks Date: _____

Date of Last Class Attending: _____

Child's Name: _____

Class: _____ **Day:** _____ **Time:** _____ **Coach:** _____

Reason for Drop _____

Please keep in mind that the person signing the registration form is responsible for payment from 2 weeks of date that this form is received in the office. Regardless of if your child chooses to complete 2 weeks of classes or not they are held responsible for this 2 week period.

If you need to withdraw your child from class, we will need this "Official Flip Withdraw/Drop Notification Form" turned in to the office.

Remember - The person who completed/signed the registration form is held responsible for payment of this two week period after the form has been submitted to the office.

The form must be signed by a parent or legal guardian.

Signature: _____ **Date:** _____

Office use only:

Drop Date

Delete charge amount

Adjust tuition

Office Staff Initials: _____