Drop/Withdraw Form

Dancer Name: _____ Today's Date:_____
Parent Name: _____ Phone # : _____
****Please Note: If you are dropping a class or withdrawing from studio you must complete & submit this form by the 15th of the prior month. Any dropped classes or withdrawals not turned in on this form by the deadline will incur tuition charges for the next month or future months until form is received.****

Drop

Please remove my name from the following class(es):

1. Day:_____Time:_____Class:_____
2. Day:_____Time:_____Class:_____
3. Day:_____Time:_____Class:_____
4. Day: Time: Class:_____

Notice

Please allow this form to serve as a notice that _____ (dancer's first and last name) will be Dropping/Withdrawing from classes at Image Dance Studio as of_____ (date of Drop/ Withdrawal). I am fully aware that I am responsible for all tuition & fees assessed up until the first of the next payable month. I am also fully aware that tuition & fees paid to date is nonrefundable and nontransferable.

_____ _____
(Parent Signature) (Date)