



DROP CLASS FORM

-Important Note-

This form must be completed and submitted to our office during business hours by the 28th of the month to avoid being required to pay further tuition payments. If the form is not received by the 28th of the month, you will be responsible for tuition of the dropped classes, regardless of attendance for the coming months until the form is submitted.

This policy does not apply to Company dancers. Please see Company Contract

PARENT/GUARDIAN NAME: _____ PHONE: _____

STUDENT NAME: _____

CLASS INFORMATION:

- | | | | |
|----------|-------|--------|--------|
| 1.) DAY: | TIME: | CLASS: | _____. |
| 2.) DAY: | TIME: | CLASS: | _____. |
| 3.) DAY: | TIME: | CLASS: | _____. |
| 4.) DAY: | TIME: | CLASS: | _____. |
| 5.) DAY: | TIME: | CLASS: | _____. |

PARENT/GUARDIAN SIGNATURE: _____