



DROP FORM

Student's Name _____

Student's Class _____

Parent's Name _____
If Student is Under 18

Daytime Phone Number _____

Reason for Leaving

To officially withdraw from a class:

- Complete this form in full and return to the Registrar's office by the *10th of the month*. Teachers are not authorized to accept this form.
- If this written notice is not received by the *10th*, *you will be charged* for the current month, and then dropped the following month.
- Class fees are non-refundable.

By signing below, you are accepting responsibility for all outstanding charges on your account, including tuition.

Student Signature (Parent Signature if Under the Age of 18)

Date

Staff Signature

Date

.....**FOR STAFF USE ONLY**.....

Dropped from MDB

Dropped from Ezlobby

Dropped from Tessitura