

WITHDRAWAL FORM

IMPORTANT NOTICE:

This form must be completed and turned in to our office 2 weeks prior to the intended withdrawal date terminating further tuition obligations for the season. Should you need to withdraw prior to the first day of class, all payments made to our school will be refunded minus the \$25 registration fee. Withdrawals made after the first day of class will require a 2 week notice from the submission date of this withdrawal form to stop further charges. Registration and tuition for the month withdrawing are non-refundable. All costume fees are non-refundable after November 1st. The Primary Contact listed during registration is responsible for tuition payments and late fees until the Withdrawal Form is submitted to The Dancing Lights Ballet School, regardless of attendance.

Student Name(s):				
Please withdrawal the student(s) listed on	this form as of: _		/	1
		Month	Day	Year
Primary Contact Name:Contact Phone				
Primary Contact Signature:				
QUESTIONNAIRE				
Please take a moment to answer a few questions	to help us improve the	e overall ex	kperience a	t our school.
Reason for Withdrawal:				
■ Moving Out of Area	Scheduling Con	ıflict	■ Unsat	tisfied Experience
☐ Student Lost Interest	Changing School	ols	Other	
Please provide details for reason selected	d:			
How can we make improvements:				
Would you return and/or recommend our	school to others?	☐ Yes	s D N	0
Office Use Only:	Recieve	ed Date:		
Recieved By Staff (Print Name):	Staff Sid	anature:		