



WITHDRAWAL FORM

Parent's Name:			
Student's Name:			
Lesson Day/Time:		Last Date Student Will Attend Class:	
Reason For Withdrawal:	<input type="checkbox"/> Moving	<input type="checkbox"/> Medical	<input type="checkbox"/> Schedule Conflict <input type="checkbox"/> Other _____
Comments:			
I understand that my registration will be cancelled when The Swim School receives this completed Withdrawal Form. Withdrawals are final. If I change my mind, I must re-register.			
Sign & Date:			
Below For Office Use Only			
Date Received:		Entered By:	



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