



Withdrawal Form

Must be submitted 30 days prior to last lesson.

Parent's Name:			
Student's Name:			
Lessons 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:			
<p>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.</p>			
Sign & Date:			
<p><i>For office use only. For office use only.</i></p>			
DATE RECEIVED:		ENTERED BY:	