

WITHDRAWAL FORM

PARENT/GUARDIAN:

LAST NAME FIRST NAME

STUDENT:

LAST NAME FIRST NAME

I WISH TO WITHDRAW FROM THE FOLLOWING CLASSES AT THE BLOCK ACADEMY OF MUSIC:

1.PRIVATE LESSON/ TEACHER DAY TIME

2. GROUP CLASS DAY TIME

3. DAY TIME

4. DAY TIME

DATE OF LAST CLASS ATTENDED:

REASON FOR WITHDRAWAL:

I AM AWARE: There are no withdrawal fees. Withdrawal forms not received before the 15th day of the month prior to discontinuance will result in normal charge of tuition fees for the following month.

I have read this fully and understand the above written statements.

STUDENT OR PARENT/GUARDIAN SIGNATURE

DATE

(Parent/Guardian must sign if the student is under 18)