



DROP NOTICE

30 Days from Date of Notice

Reminder, you will be billed for 30 days of tuition after this notice is received in the office.

Today's Date: ____/____/____

Last Date of Class Attendance: ____/____/____

Student's First Name: _____ Student's Last Name: _____

Class Day: _____ Time: ____:____ am/pm

Will you be returning? Yes or NO

Reason for Dropping: _____

Parent Signature: _____