

# KansasCityBallet School

## Re-enrollment Form

1. Student must be current with previous tuition balance.
2. Re-enrollment is based upon space available in the requested class.
3. If withdrawal was due to medical reasons, the re-enrollment form **must** be accompanied by a doctor's verification statement allowing the student to resume dance activities.

Student Name: \_\_\_\_\_

Class Level Day and Time: \_\_\_\_\_

Campus Location:    Downtown    Johnson County

Date of Re-enrollment: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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For Office Use Only

Date Received: \_\_\_\_\_

By Whom: \_\_\_\_\_

Set up Autopay?    Yes    No

Monthly    Semester    Year

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