

# KansasCityBallet School Withdrawal Form

1. Withdrawal forms must be received on or before the 5<sup>th</sup> of the month or else you will be held liable for the full month's tuition.
2. Withdrawal due to medical reasons **must** be accompanied by a doctor's verification statement.
3. If your child intends to return to the class, a re-enrollment form must be filled out.

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

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

Campus Location:    Downtown        Johnson County

Date of Withdrawal: \_\_\_\_\_

Reason for Withdrawal: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

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

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

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For Office Use Only

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

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

Cancel Autopay?    Yes    No

Monthly                  Semester                  Year

\_\_\_\_\_