



# The Ohio Gymnastics Institute

5701 West Webb Road  
Austintown, OH 44515

E-mail: [OGIOffice@AOL.com](mailto:OGIOffice@AOL.com) / [www.MyTeamOGI.com](http://www.MyTeamOGI.com)

Voice: 330-652-4386

Fax: 330-652-4387

## Change of Student Status Form (circle one below)

VACATION

CLASS CHANGE REQUEST

MEDICAL INACTIVE

WITHDRAW

This form must be completed by the parent or legal guardian and be submitted to our office staff on or before the 15<sup>th</sup> calendar day of the month prior to the month the requested adjustment or change will occur. The OGI policies for vacation credits, medical inactive status and electronic pay termination are defined in the Policies and Guidelines Pamphlet and must be satisfied. If you have questions please contact the office staff for help completing the form. The office staff will call you to coordinate any class change request.

Electronic pay customers must also complete the "Consumer Termination of Authorization for Electronic Payments" by the 15<sup>th</sup> calendar day of the month prior to the month the requested adjustment or change will occur. For families using the Traditional Payment Method, this form must be received the month prior to the withdrawal. If the form is received by the 25<sup>th</sup> of the month, \$30.00 will be refunded to the family on the Friday following the receipt of the form. If the form is received between the 26<sup>th</sup> of the month and the last calendar day of the month, \$15.00 will be refunded to the family on the Friday following the receipt of the form.

Name of Student(s): \_\_\_\_\_

Parent(s) /Billing Name: \_\_\_\_\_

Please CIRCLE the **current** Program and Level of each student change:

I. Jungle Gym

- A. Toddling Turtle
- B. Bouncing Bear / Jumping Jaguar
- C. Tumbling Tiger
- D. Leaping Lion

II. Recreational Gymnastics

- A. Girls Beginner / Boys Beginner
- B. Girls Novice / Boys Novice
- C. Girls Intermediate
- D. Girl Advanced

III. Trampoline & Tumbling

- A. Beginner
- B. Novice
- C. Intermediate

IV. Recreational Cheerleading

- A. Red Squad / White Squad / Blue Squad
- B. Stars Squad / Stripes Squad

V. Freestyle Acrobatics

- A. Beginner
- B. Novice
- C. Intermediate

VI. Competitive Team

- A. Girls Gymnastics / Boys Gymnastics
- B. Cheer Team
- C. Freestyle Acro

Class Day(s): \_\_\_\_\_

Class Time(s): \_\_\_\_\_

Parent Signature: \_\_\_\_\_

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

**Please complete the information on the reverse side so we may process your request.**

\*\*\*\*\*

## RECEIPT OF OGI CHANGE OF STUDENT STATUS FORM

Date Received by OGI Office Staff: \_\_\_\_\_ By: \_\_\_\_\_

For the following student(s): \_\_\_\_\_

Class Codes: \_\_\_\_\_

Action Taken: \_\_\_\_\_



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## Change(s) Requested:

(Please complete all that are appropriate)

- Going on Vacation (we will be gone from \_\_\_\_\_ to \_\_\_\_\_)
- We need to move my child to another day and time (scheduling conflicts, advancement, program change).
  - Program (circle one): Jungle Gym, Rec Gym, Cheer, T&T, Comp Team, FS
  - Preferred day (circle one): M / T / W / TH / F / S / Sun
  - Preferred time (circle one): Morning / Afternoon / Evening
- My child is under Doctor's orders to refrain from physical activity. I will notify you 2 weeks prior to the time the Doctor releases my child to 100% activity. We anticipate no activity for \_\_\_\_\_ weeks.
- My student(s) is withdrawing from class – their last day(s) of class will be: \_\_\_\_\_

## **Reasons for withdrawal (in order to help us continue to improve our Programs please circle as many as apply):**

Too Expensive	Times not working	Problems with student at home
Too difficult	Other activities conflict	Problems with student at school
Not challenging enough	Doesn't like coach	Not getting along with Classmates
Child not behaving in class	Other children not behaving	Family is moving
Other (please describe below)		

## **Please take a minute to let us know if there is anything we can do to improve our service:**