

Ripples

Swim School

Withdrawal Form

THIS FORM IS TO BE SUBMITTED BY THE FIRST DAY OF YOUR LAST MONTH OF LESSONS

Parent's Full Name _____

Student's Full Name _____

Class Day and Time _____

Student's Full Name _____

Class Day and Time _____

Reason for Withdrawal _____

Parent's Signature _____ Date _____

I acknowledge that THIS FORM IS TO BE SUBMITTED BY THE FIRST DAY OF MY LAST MONTH OF LESSONS and that my registration will end on the last day of the first full month following the submission of this form. I understand that late forms will be charged \$5 per day fee after the 1st of the month. I understand that no forms will be accepted after the 5th of the month. I understand that my registration will be canceled and makeup lessons forfeited when Ripples Swim School receives this form. I understand that makeup lessons cannot be used to extend lessons past the last day of your withdrawal month