

2024-2025 ADD/DROP/ WITHDRAWAL FORM

200 East Saint John Street | Spartanburg, SC 29306 | 864-583-0339
balletspartanburg.org

Student's Name: _____ DATE: _____

Primary Contact Name: _____

Please fill out the appropriate section. Email or bring to office. We will attach this to the student registration form to note class change/withdrawal.

<i>Class Name -ADD</i>	<i>Day</i>	<i>Time</i>	<i>Instructor</i>	<i>First Date Attended</i>
<i>Class Name- DROP</i>	<i>Day</i>	<i>Time</i>	<i>Instructor</i>	<i>Last Date Attended</i>
<i>Class Name- WITHDRAWAL</i>	<i>Day</i>	<i>Time</i>	<i>Instructor</i>	<i>Last Date Attended</i>

Please make the above schedule changes as of / /

Primary Contact Signature _____

Important Note

- *Official withdrawal must be made in writing via this Class Withdrawal Form. Phone calls will not be accepted for formal changes/withdrawals.*
- *Payee is responsible for the payment of tuition until an official withdrawal is made.*
- *Withdrawal will be effective the following month.*

Withdrawal Information

If you are dropping a class, please take a moment to give a short explanation of why. If there was a problem, your input could help us improve the situation. We are always looking for ways to make our program the best it can be. Thank you!

Staff Signature: _____ Date Received: _____/_____/_____