



Drop Class Request

494 Wolf Willow Road, Edmonton, AB, T5T 2E8
Phone: (780) 481-2487 Fax: (780) 486-0360

THIS FORM MUST BE RECEIVED IN THE OFFICE BEFORE THE 1ST OF THE MONTH IN ORDER TO ADJUST YOUR ACCOUNT.

IF SUBMITTED ON OR AFTER THE 1ST DAY OF THE MONTH, ADJUSTMENTS WILL BE MADE TO THE FOLLOWING MONTH. PLEASE NOTE THAT THE REGISTRATION, PRE PAID LAST MONTH'S TUITION IS NON-REFUNDABLE WITH THE EXCEPTION IF DARLENE'S DANCE ACADEMY CANNOT PLACE THE STUDENT IN THE APPROPRIATE CLASS.

Family Information

Parent/Guardian Full Name: _____

Student Information

Student/s Full Name: _____

Class(es) Requested to Drop

Class Description: _____ Day: _____ Time: _____

Class Description: _____ Day: _____ Time: _____

Class Description: _____ Day: _____ Time: _____

Class Description: _____ Day: _____ Time: _____

Class Description: _____ Day: _____ Time: _____

Class Description: _____ Day: _____ Time: _____

Reason for dropping class(es):

Parent/Guardian Signature:

_____ Date: _____

You may submit your completed form using one of the following methods:

- Fax the completed form to (780) 486-0360
- Drop off the completed form to the office.
- Scan and email completed form to darlene@darlensesdance.com
- Mail the completed form to
Darlene's Dance Academy, 494 Wolf Willow Road, Edmonton, AB, T5T 2E8

FOR OFFICE USE ONLY:

Date rec'd at office: _____ Initials: _____ Completed as of: _____