

DROP REQUEST FORM

Office Use Only

Date Received _____

Date Entered _____

Entered By _____

Child's Name: _____ Today's Date: _____

Parent's Name: _____ Phone Number: _____

Date of Last Class he/she will attend: _____

Day/Time/Level: _____

Reason for leaving: _____

Signature: _____

Thank you for your time. You and your child will be missed. Remember, if you wish to re-enroll, call 884-1166 or drop by the office in advance to reserve your spot. Mail this in, give it to the office staff, or place it in the payment box in the lobby.

