

DROP/ADD FORM

Date Submitted _____ Family ID _____
 Student Name _____ Parent Name _____
 Street Address _____ City _____
 ZIP Code _____ Home Phone _____

Class to Add

	Class Desired	Course Code	Day	Time	Class Price	Price/1 st Installment	Will be in recital
Class 1							Y N
Class 2							Y N
Class 3							Y N

Class to Drop

	Current Class	Course Code	Day	Time	Class Price	Reason for drop
Class 1						
Class 2						
Class 3						

Reason for Drop: Scheduling Conflict Dissatisfaction Changing Classes
 If other please explain _____

I am aware of the School of Performing Arts refund and cancellation date policy as detailed in the registration booklet and understand that charges may still apply.

Parent Signature _____ Date _____

For Office Use Only

Received by _____ Date Received _____

Total Amount Due:	\$
Less Refund (if applicable):	- \$
Total:	\$

Amount Paid \$ _____ circle one Credit card Check Cash
 Card Number _____ - _____ - _____ - _____ Exp ____/____ CVC Code _____