



Withdrawal Form

(Must be submitted NO LATER than the 15th of the month prior to withdrawal)

Date Received: _____

Parent's Name: _____ Phone #: _____

Student/s Name: _____

Lesson Day(s)/Time(s): _____

Instructor/s: _____

Date of last lesson student/s will attend: _____

Reason for Withdrawal:

Moving Medical Scheduling Conflict Other _____

Comments: _____

I understand that my registration will be cancelled when the Watersafe Swim School receives this completed withdrawal form. Withdrawals are final. If I change my mind, I must re-register. I understand that my account must be paid in full before the cancellation becomes effective.

Signature: _____ Date: _____

Office Use:

Cancelled Class: _____