DROP/ADD FORM

Date Submitted _____   Family ID _____

Student Name _____Parent Name _____

Street Address_____City_____

ZIP Code_____Phone_____

Class to **Drop**

	Class to DROP	Course Code	Day	Time	Class Price	Reason for Drop
Class 1						
Class 2						
Class 3						

Class to **Add**

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

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 _____