



Drop Class Form

Important Note:
 This form must be completed and turned in to our office by the 1st of the month in order to make the necessary changes for the month. If the form is received after the 1st of the month, you will still be responsible for tuition of the dropped class.

Student Name: _____

Parent/Guardian Name: _____

Dropping	Class Name	Day	Time
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			

Parent/Guardian Signature: _____

Staff Signature: _____ Date Received: ____ / ____ / ____

Questionnaire

If you are dropping a class, please take a moment to give a short explanation of why. If there was a problem, your input could help us improve the situation. We are always looking for ways to make our program the best it can be. Thanks!

Why are you withdrawing?

Moving out of area
 Student lost interest
 Scheduling Conflict
 Changing Studios
 Dislikes class
 Dislikes Teacher
 Unhappy with experience
 Other

Please provide an explanation of the above choice.

How can we make improvements?

Would you come back to Allegro Dance Academy in the future or recommend us to a friend? Please explain.
