

WITHDRAWAL FORM

NOTICE

You must complete this form and return it to the studio by the prior to the first of the month to avoid additional tuition or late charges.

Student Name _____

Primary Contact _____

Signature _____

Please withdrawal the above named student from classes by _____
(final class date)

Questionnaire

Please help us make our program better by completing this Questionnaire.

Why are you withdrawing?

- | | | |
|---|---|--|
| <input type="checkbox"/> Moving from the area | <input type="checkbox"/> Student lost interest | <input type="checkbox"/> Bad experience |
| <input type="checkbox"/> Changing studios | <input type="checkbox"/> Did not like the class | <input type="checkbox"/> Disliked instructor |
| <input type="checkbox"/> Other _____ | | |

Please give details of above.

How can we make improvements?

Would you recommend the studio to others?

- Yes No

Miracle Dance Theatre