



Class Transfer or Withdrawal Request

Date Approved	
Student ID Number	
Billing Account #	

Student Personal Information				
Last Name	First Name	Middle Name	Suffix (Jr, III)	Preferred first name
Street Address		City	State	Zip Code
Home Phone and area code	Reason for request			

Class Transfer Request	
Transfer From Class	Transfer To Class
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	

Class Withdrawal Request	
Please check one:	
<input type="checkbox"/> Drop all current Classes.	
<input type="checkbox"/> Drop selected classes.	
<i>List the Class Number(s) and Title(s) to be dropped in the spaces below:</i>	
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	

Parent / Student Signature _____ Date _____
 Teacher's Signature _____ Date _____
 Artistic Director's Signature _____ Date _____