

TopFlight Dance Center

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Class Withdrawal Form 30 Day Notice

Student Name: _____

	Name Of Class	Day	Time
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____

These Classes Will Be Taken Off Your Schedule Starting: _____

New Tuition Is: _____

Reason For Dropping: _____

Signature of Parent/Guardian: _____ Date: _____

Receiving TFDC Staff Initial: _____