



# THE DANCE PLACE LTD, DROP CLASS REQUEST

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**Student Name:** \_\_\_\_\_

**Guardian Name:** \_\_\_\_\_

**Class Type:** \_\_\_\_\_ **Day:** \_\_\_\_\_ **Time:** \_\_\_\_\_

**What is your reason for dropping this class:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I understand that if I am dropping a class (with reoccurring monthly tuition) it must be done on or before the last day of the month. If I drop a class after the month begins I will not receive credits and/or refunds for the remaining classes in the current month.

**X** \_\_\_\_\_  
**Signature of Guardian** **Date**