



Withdrawal Form

(Must be submitted at least 30 days prior to last lesson)

Parent's Name: _____ Date Received: _____

Student's Name(s): _____

Lesson Day/Time: _____ Date of last lesson student(s) will attend: _____

Level: _____ Teacher _____

Reason for Withdrawal: Moving _____ Medical _____ Schedule conflict _____ Other _____

Comments: _____

I understand that my registration will be cancelled when TW Inc. dba; Gold Medal Swim School receives this completed withdrawal form.

Signature: _____ Date: _____

OFFICE USE ONLY-Class cancelled by staff member (name): _____ **Date:** _____