

Staff Signature:\_\_\_

## 2023-2024 ADD/DROP/ WITHDRAWAL FORM

200 East Saint John Street | Spartanburg, SC 29306 | 864-583-0339 balletspartanburg.org

\_Date Received:\_\_\_\_\_/\_\_\_\_/ \_\_\_\_\_\_

	Student's Name:_			DATE:		
	Primary Contact N	Name:				
		-			ninistrative Assistant in proval by Principal.	n office
	Class Name -ADD	Day	Time	Instructor	First Date Attended	
	Class Name- DROP	Day	Time	Instructor	Last Date Attended	
	Class Name- WITHDRAWAL	Day	Time	Instructor	Last Date Attended	
Please make the above schedule changes as of///						
Primary Contact SignatureImportant Note						
Official withdrawal must be made in writing via the Class Withdrawal Form or email. Phone calls will not be accepted for formal withdrawal.						
Payee is responsible for the payment of tuition until an official withdrawal is made.						
Withdrawal will be effective the following month.						
you	•		•	a short explanation	n of why. If there was a prol ys to make our program the	