



Office Use:	_____ E
(Please initial)	_____ T

### Withdrawal Form

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

Date Received: \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Student's Name: \_\_\_\_\_

Lesson Day: \_\_\_\_\_ Date of last lesson student(s) will attend: \_\_\_\_\_

Reason for Withdrawal:

Moving  Medical  Taking a Break  Scheduling Conflict  Other: \_\_\_\_\_

Comments: \_\_\_\_\_

I understand that my enrollment will be cancelled when the DeMont Family Swim School receives this completed withdrawal form. Withdrawals are final. If I change my mind, I must re-enroll.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

2850 W. Ina Rd., Suite 130, Tucson, AZ 85741 · www.demontswim.com · 520.877.SWIM (7946) · 520.232.5416 fax



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