



6685 Santa Barbara Ct., Suite D, Elkridge, MD 21075

Drop Class Request Form

All Requests must be made in writing by the 19th of each month for the upcoming service month

Date of this Request: _____

Student's Name _____

Class to be Dropped (Day and Time):

Please Drop my child on the following Date: _____

Please share your reason for Dropping:

I understand that by submitting this request form, my child will be removed from the above class and that all future monthly billing will stop. Additionally, I understand that any fee previously paid will not be refunded or credited if my child withdraws before the end of the month. Finally, I understand withdrawing my child will not guarantee any future enrollment in the above class unless space is permitted.

Parent Signature: _____

STAFF ONLY

Drop Entered Date Submitted: _____

Staff Signature: _____ Date received: _____