CLASS WITHDRAWL

 REFUND REQUEST FORM

DATE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| **Parent/Guardian Name:** |  |
| **Postal Address:** | Street: |  |
| Suburb: |  |
| City: |  Auckland |
| Postcode: |  |
| **Email Address 1:** |  |
| **Mobile Number:** |  |
|  |  |
| **STUDENT NAME:** |  |

|  |  |
| --- | --- |
| **Name of Classes** | **Day/s Attending** |
|  |  |
|  |  |
|  |  |
|  |  |

**Please indicate which classes you have been attending:**

**Your reasons for withdrawing from class / requesting a refund:**

|  |
| --- |
|  |

As parent/guardian of the above student, I have read and hereby agree to all the terms and conditions as stated by Auckland Academy of Dance

Signed…………………………………………………………………………………………………Date…………………….…………………