



Withdrawal Form

Please complete and sign this form as notification of your withdrawal from The Studios of Sarah Strout. As stated in our policies, **this form must be completed and returned to suspend automatic tuition charges.**
ONE FORM PER STUDENT

Today's Date _____ Student's Name _____

Lesson Day/Time _____ Student's Teacher _____

Parent's Name _____ Phone Number _____

Will you be withdrawing:

Permanently [] Yes [] No PER STUDENT

Will the student be finishing lessons through final month? [] yes [] No

Temporarily [] yes [] No PER STUDENT

Your lesson time can be held until Month____ Day____ Year____

Non- refundable payment of \$150.00 (paid upon completion of form)

WE STRIVE TO BE THE BEST MUSIC STUDIO ON THE PLANET!! PLEASE GIVE US YOUR COMMENTS ABOUT YOUR EXPERIENCE AT OUR STUDIO TO HELP US REACH OUR GOAL.

Reason for Withdrawing: _____

Comments on your teacher: _____

Comments on the studio: _____

Signature of Parent
Or Adult Student

Director Signature

Office Use Only:

Final Lesson Date _____

NR payment _____ Check number _____

Remove paperwork from binder _____

Teacher Notification by EMAIL _____

Add student to Withdrawal Log _____

Remove from schedule _____

Bookkeeping:

Remove student from system: _____

Withdrawal Form Mailed: _____

Delete automatic payment: _____