

Drop Slip

Student Name: _____ Desired Drop Date: _____

Current Class/Day/Time: _____

Reason For Dropping: _____

I understand that I am removing my child from this class and I am not guaranteed a spot in this particular class should I re-enroll my child and I understand that I will need to call or log into the parent portal and re-enroll my student for further participation in classes.

Parent's Signature: _____ Date Submitted: _____