

Relevé Studios - Add/Drop Form

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|--------------|
| TODAY'S DATE |
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PARENT / GUARDIAN

| | |
|-----------|------------|
| Last Name | First Name |
|-----------|------------|

| |
|-----------------|
| OFFICE USE ONLY |
|-----------------|

STUDENT

| | |
|-----------|------------|
| Last Name | First Name |
|-----------|------------|

I WISH TO **ADD** THE FOLLOWING DANCE CLASSES AT RELEVÉ STUDIOS:

| DISCIPLINE / STYLE | DAY | TIME | FIRST DAY I WILL ATTEND CLASS |
|--------------------|-----|------|-------------------------------|
| 1) | | | |
| 2) | | | |
| 3) | | | |
| 4) | | | |
| 5) | | | |
| 6) | | | |

I WISH TO **DROP** THE FOLLOWING DANCE CLASSES AT RELEVÉ STUDIOS:

| DISCIPLINE / STYLE | DAY | TIME | DATE OF LAST CLASS ATTENDED |
|--------------------|-----|------|-----------------------------|
| 1) | | | |
| 2) | | | |
| 3) | | | |

I AM AWARE:

Drop forms not received by the 20th of the month will result in the normal charge of tuition fees for the next month.

I have read this fully and understand the above written statements.

Parent or Guardian Signature (unless student is more than 18 years old) **Date**