Class Change Drop Request

Note: In order for no charge to be administered to your account, all classes must be dropped by the **15th of the month** prior to dropping. For example, an April 1st drop must be turned in to the SCA office no later that March 15th.

Student's Name_____ **Effective Date** _____

Present Class/es _____ _____ _____
Day of the week Level Time

_____ _____ _____
Day of the week Level Time

New Class/es _____ _____ _____
Day of the week Level Time

_____ _____ _____
Day of the week Level Time

Reason for Changing/Dropping (Please be honest, we want you to be happy and we want to serve you well. Please also come and talk to the teacher with concerns prior to changing or dropping). _____

_____

_____ _____
Parent's Signature **Date**

Office Use:

Student's payments: up to date owes _____

Entered on _____ by _____
Date of entry Name of staff member