(Please complete this form for EVERY change in student enrollment, even those telephoned in.)

DROP/CHANGE FORM

Student:___________________________Instr/Class:________________ Branch:  □ WG  □ SC  □ UC
Teacher:_________________________Length of lesson:________________ Student # (if known):________________________

☐ Drop student. Student is responsible for _____________ lessons/classes.
DATE of LAST LESSON: _____________________
☐ Leave credit on account  ☐ Send a refund check  ☐ Refund KM Kit Fee

☐ Change lesson length to  30  45  60  (circle one) minutes per week.
Beginning on this date: _____________________

Additional Comments/Explanation:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Teacher or Coordinator Signature: __________________________________________ Date:______________________