



Office Use:	_____	E
(Please initial)	_____	S
	_____	A

Withdrawal Form

(must be submitted at least 30 days prior to the last lesson)

Date Received: _____

Parent's Name: _____ Phone: _____

Student's Name: _____

Lesson Day: _____ Date of last lesson student(s) will attend: _____

Reason for Withdrawal:

Moving Medical Taking a Break Scheduling Conflict Other: _____

Comments: _____

I understand that my enrollment will be cancelled when the DeMont Family Swim School receives this completed withdrawal form. Withdrawals are final. If I change my mind, I must re-enroll.

Signature: _____ Date: _____

2850 W. Ina Rd., Suite 130, Tucson, AZ 85741 · www.demontswim.com · 520.877.SWIM (7946) · 520.232.5416 fax



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