



Withdrawal Form

FAMILY NAME: _____

Childs Name: _____

Childs Name: _____

Childs Name: _____

Childs Name: _____

The last date my swimmer(s) will attend will be on (state date(s) of last lesson(s) below)

_____.

Do you pay by Direct Debit

YES NO (please circle one)

This form must be received 1 month (as per Terms and Conditions of Service) prior to the date stated above.

We would appreciate you stating your reason for withdrawal from the program for statistic purposes.

NOTICE:

I understand that my registration will be cancelled when Kings Swim School Co. Ltd receives this completed withdrawal form. This form must be received 1 month prior to your childs final lesson. Withdrawals are final. If I change my mind I must re-enroll. I understand space may only be available on a different day/time. I understand I will be charged for at least 4 weeks lessons following receipt of this notification.

Signature: _____

Date: _____

OFFICE USE:

Date received: _____

Staff Initials _____ *(Receptionist must date & initial)*

Mark as inactive if withdrawn permanently

Staff Initials _____

Date removed: _____

Staff Initials _____

Exit Date and reason in Student session record