

## KINGS SWIMSCHOOL WITHDRAWAL FORM

Surname: \_\_\_\_\_

Child's name & date(s) of the last swimming lesson that will be attended: (state date(s) of last lesson(s) below)

Child Name	Last Date

Do you pay by Direct Debit  YES       NO

**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 statistical 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 child's final lesson. Withdrawals are final. If I change my mind I must re-enrol. 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 Only

Date Received:

Staff Initials

Mark as inactive if withdrawn permanently

Staff Initials

Date removed:

Staff initials

Record Exit date & reason for exit

