

Sea Star Swimschool & Gymnastics Center - Drop Notice

(One student per form; your drop date will be 4 lessons after this form is submitted)

Student Name: _____ Guardians Name: _____

Coaches Name: _____ Day(s): _____ Time(s): _____

Effective Withdrawal Date: _____ Planning to return? Expected Return Date: _____

Reason for leaving (check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Moving | <input type="checkbox"/> Family reasons |
| <input type="checkbox"/> Location | <input type="checkbox"/> Student is no longer interested |
| <input type="checkbox"/> Financial | <input type="checkbox"/> doing another sport |
| <input type="checkbox"/> Injury | <input type="checkbox"/> School demands |
| <input type="checkbox"/> Scheduling conflicts | <input type="checkbox"/> Other |

COMMENTS: _____

HOW CAN WE IMPROVE?

Guardian Signature: _____ Date: _____ Employee: _____