

Student Withdrawal Form

STUDENT INFORMATION

Students Name:

Guardians Name:

Home Phone:

Cell Phone:

Work Phone:

Email:

Current Address:

City:

State:

Zip Code:

TEACHER INFORMATION

Teachers Name:

Instrument being taught:

COMMENTS AND CONCERNS

What is the reason for withdrawing from lessons:

Comments:

Compliments:

Concerns:

SIGNATURE

I authorize the withdrawal of the student _____ from their lessons with **Suffield Music** 30 Days From This Date. / / 20

Signature of Student (or Guardian if student is under 18):

Date:

Signature of Suffield Music representative:

Date: