

THE LOUDOUN SCHOOL OF BALLET
2010-2011 SCHOOL YEAR
ADD/DROP FORM

This form must be completely filled out to be considered valid.

Date of Submission _____
Student's First Name: _____ Student's Last Name: _____
Home Telephone: _____ Parent's Name: _____
Current number of class hours: _____ Current number of family hours: _____

ADD THE FOLLOWING CLASSES TO MY SCHEDULE:

Title of Class Day Time Number of hours

1. _____
2. _____
3. _____

Please Check:

I understand that I will be charged for the ADDED class(es) starting with the first day of attendance in above class.

DROP/WITHDRAW THE FOLLOWING CLASSES FROM MY SCHEDULE:

Title of Class Day Time Number of hours

1. _____
2. _____
3. _____

REASON FOR DROPPING:

Please Check:

I understand that I will be charged for the DROP/WITHDRAWAL of class(es) for 30 days after submitting this form.

PARENT'S SIGNATURE: _____

*****OFFICE USE*****

TUITION:

Current Monthly Tuition: _____ **New Monthly Tuition:** _____ **Date Received:** _____
Semester: Fall _____ Winter _____ Recital _____

Date Approved: _____

Full Year: _____ **First day of class:** _____
of family Hours _____ **Last day of class:** _____