

ACADEMY OF CLASSICAL BALLET

21501 N. 78th Ave Ste 100, Peoria AZ 85382
(623) 572-7222 acballet.com

STUDENT CHANGE FORM

Student Name _____ Today's Date: _____
Name of Parent/Guardian: _____ Cell Phone _____
Email Address: _____ Home Phone: _____

Change Effective Date: _____
Note that for class drops or withdrawals, 30 day notice is required.

REASON FOR CHANGE (check all that apply)

Change Contact Information. Detail new information below:

Add Class(es) _____

Drop Class(es) ** _____

Withdrawing from ACB* Please explain your reason(s) for withdrawing from ACB.

*Notes for withdrawing student

1. Refunds resulting from injury credits will not be issued.
2. Discounts for annual or semi annual payments may not be refunded.
3. Stage Fees and Registration fees are non-refundable.
4. Paid tuition for classes within the 30 day notice period will not be refunded.
5. **No credits or refunds for missed classes prior to the end of the 30 day notice period.

Parent Signature : _____ Date: _____
(If student is under age 18)