

Center Stage Performing Arts Studios

CLASS CHANGE REQUEST

**Changes MUST be made before the 15th of the MONTH
to take effect for the FOLLOWING month.**

Office Use Only
Date of Request _____
Date Entered _____
Entered by: _____

You may not drop classes to take effect in the current month you are in. You must complete this form by the 15th of the current month to have your drop effective for the following month and pay a \$5 drop fee. Changes to **class levels or adding classes** can be made in the current month without a fee, but cannot be completed without this form.

PLEASE NOTE: Students who are registered with a Dance/Team or Vocal Company are contracted for the year and **CANNOT** drop **ANY** Company required classes.

TODAY'S DATE: _____

Student Name: LAST / FIRST Age Birth Date

Home Phone / Cell Phone Email Address

DROP / ADD

Dropped Class Day & Time Added Class Day & Time

REASON FOR DROP/CHANGE:

RESPONSIBLE PARTY SIGNATURE: _____

Amount : _____ **Payment Method:** _____ **Check/Record #** _____

NOTES:

Rep Int: _____
REV 7/27/18

Drop / Add Form