

High Flyers Gymnastics
1631 Central Avenue
PO Box 1473
Los Alamos, NM 87544

Student Drop Form

Student 1 Name _____

Classes to Drop _____

Student 2 Name _____

Classes to Drop _____

Student 3 Name _____

Classes to Drop _____

Effective Date _____

Reason for Disenrollment _____

Policy: Your child's enrollment reserves a spot for them in class for the next month. We must receive this signed form at least 10 days prior to the start of the month to avoid monthly charges. Students who disenroll with proper notice will receive a full refund of any credit balance. Annual registration fees are nonrefundable but will be applied to your child's account should he/she re-enroll.

Parent Name (printed) _____

Parent Signature _____ Date _____

Office: Date Received _____

Refund Due: _____ Date/Method Issued: _____