

ACADEMY OF CLASSICAL BALLET
STUDENT CHANGE FORM

Today's Date: _____ Student Name: _____
Parent Name: _____ Phone: _____
Email: _____

Change Effective Date: _____
(note please allow 30 day notice if dropping a class/classes)

REASON FOR CHANGE (check all that apply)

- Change email address
- Change phone number
- Change billing address
- Change in level of dance
- Add class/classes (which one/s: _____)
- Drop class/classes (which one/s: _____)
- Problem/Error in billing statement
- Misc. Credit/Proration requested
- Withdrawing from ACB

Please explain the above COMPLETELY, and include all applicable dates, applicable payment information (check numbers, amounts, dates). If adding or dropping classes, please list each specific class your child is currently taking and total number of classes PLUS the new list of classes you WILL be taking and the NEW total classes per week.

STAFF USE ONLY:

Date change completed: _____

By: _____

NOTES: _____

