



Student Withdraw Form

If you plan to withdraw from TDK, please submit this form either in person or by email to info@thedancekollektive.com.

Student's Full Name: _____

Student's Age: _____

Parent Phone Number: _____

Today's Date: _____

Date of Withdraw: _____

Please remember withdraws require a 30 day notice.

Name/Title of Class	Teacher's Name	Class Day & Time

Reason for Withdraw:

Parent/Guardian Signature

Date