

Withdrawal Form

Today's date: _____

Parent/Guardian Information

Name: _____ Email: _____

Phone 1: _____ Home/Cell/Work (circle one)

Student Information

Name	STARS Class(es)	Date/Time

Reason for Withdrawal

Please take a moment to answer a few questions for us. Your feedback may help improve the overall experience at the STARS Foundation. Thank you!

1. Why are you withdrawing? (please check all that apply)

- | | | |
|--|--|---|
| <input type="checkbox"/> Moving out of the area | <input type="checkbox"/> Student lost interest | <input type="checkbox"/> Scheduling conflict |
| <input type="checkbox"/> Changing studios | <input type="checkbox"/> Dislikes class | <input type="checkbox"/> Dislikes teacher |
| <input type="checkbox"/> Unhappy with experience | <input type="checkbox"/> Medical reasons | <input type="checkbox"/> Other (please explain) |

Please explain: _____

2. Would you enroll in another class at the STARS Foundation in the future or recommend us to a friend?

Please explain: _____

Please return the completed form to the school during open hours or by mail. Mail to The STARS Foundation, PO Box 467, Cabool, MO 65689.

For Office use only	
Date received:	<input type="checkbox"/> Class transfer
Notes:	<input type="checkbox"/> Credit on account
	<input type="checkbox"/> Other
Staff Signature: _____	