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WITHDRAWAL FORM

TODAYS DATE

FAMILY INFORMATION / PARENT / GUARDIAN / BILLING CONTACT

Parent / Guardian - First Name _____ Last Name _____

CHILD(REN) INFORMATION

CHILD #1

Name _____ Class Name _____ Day _____ Time _____

CHILD #2

Name _____ Class Name _____ Day _____ Time _____

CHILD #3

Name _____ Class Name _____ Day _____ Time _____

REASON FOR DROPPING CLASS:

If extra space is needed please use the back side of this form. If you are satisfied please tell others. If you are not satisfied please tell us.

SIGN HERE

I understand that once this document is submitted to the front desk your class withdrawal will go into effect on the date written in the box to the right. If you drop a class mid month you will not receive credits and/or refunds for the remaining classes for the current month.

FINAL CLASS DATE

Signature of Parent/Legal Guardian _____ Date _____

Received by _____