

Fill out a separate sheet for each student. Make additional copies as needed before writing on the form.

CLASS DROP FORM

Please Print

Dad's Full Name _____

Mom's Full Name _____

Address _____

City _____, Texas Zip _____

Home Phone _____ Dad's Cell Phone _____

Mom's Cell Phone _____ E-mail Address _____

Is your entire family dropping out of Co-op? _____

Drop Month	Unpaid Months of Tuition	Drop Fee Percent
Oct	8	20%
Nov	7	20%
Dec	6	20%
Jan	5	50%
Feb	4	50%
March	3	100%
April	2	100%

Note: DROP FEES ARE REQUIRED Make Checks Payable to Individual Teacher

Class Code	Class Name	Teacher	Drop Date mm/dd/yy	Tuition	Unpaid Months	Drop Percent	Drop Fee *	Drop Check #

*** Drop Fee = Tuition X Unpaid Months X Drop Percent**

Date Committee Processed:

Student First and Last Name

Family ID #

Student ID #