2025-2026 THEO ADD / DROP FORM

Student Name: _____**Current Grade:** _____

Parent Name: _____**Date:** _____   **School Year: 26-27**

Parent Email:_____

Parent's Signature: _____

*PAYMENTS: Please, attach checks made out to teacher for *two* months tuition plus supply fees.
Exceptions are to Mr. Hayes – NSXSR and Kathy Franda – Kando Create.

ADD SCHOOL YEAR CLASS(ES)

Class Name	Teacher	Day(s)	Start Time	Monthly Tuition	Supply Fee	Check # / Amount

DROP CLASS(ES)
NOTE: NO refunds. Monthly Tuition is still due if this form is not turned in prior to the 1st day of the month

Class Name/ Days	Teacher	Reason for Drop

Office Use: Date Received: _____ **Date in Database** _____ **All Payments Attached** _____

Tuition Recorded _____ **Family Registration Printed** _____ **Emailed Teacher** _____ **Added to Invoice** _____

Registration fee check # _____ **and $50 New Application fee check #** _____]