THEO ADD / DROP FORM

O				•			D (N			
							Parent Name: nt Email:			
Date:	School	Year:			Parer	nt Em	ail:			
Parent's Signature:		· · · · · · · · · · · · · · · · · · ·								
*PAYMENTS: Atta school year <u>unless</u> <u>one month tuitio</u>	it's fo n. Attac	<u>r the up</u> ch the ei s. Refun	comin ntire to ds iss	<u>g sen</u> uition sued (neste for s only it	<u>r whi</u> umm f a cla	<u>ch hasn't b</u> er classes. ass doesn'	egun which No refund	h only requir	
		<u>ADD</u>	<u>SCHC</u>	OL Y	<u>YEAR</u>	CLA	ASS(ES)*			
Class Name	Te	Teacher		(s)	Start Time		Monthly Tuition	Supply Fee	Check # / Amount	
		<u>AI</u>	DD SU	MMI	ER CI	LASS	<u> 5(ES)*</u>			
Summer Class Name		Teacher		Dates			Time	Tuition	Check # / Amount	
NOTE: NO refunds. N	onthly 1	Fuition is s			CLASS s form			or to the 1st	day of the mont	
Class Name / Day(s)			Teacher			Reason for drop				
office Use: Date Received uition Recorded	Family F	Registratio	n Printe	ed	Ema	ailed 1	eacher	Added to I	nvoice	
New Family: \$25 Processi Velcome sent if applicabl					Summe	er Regi	istration fee c	heck #]	