



# Student Withdraw Form

If you plan to withdraw from DWDE, please submit the completed withdraw form to the studio office staff at [dwde5678@gmail.com](mailto:dwde5678@gmail.com).

Student's Full Name: \_\_\_\_\_  
Student's Age: \_\_\_\_\_  
Phone #: \_\_\_\_\_  
Today's Date: \_\_\_\_\_  
Date of Withdraw: \_\_\_\_\_

*Please remember this notice must be turned into the office on the first of the month before withdraw.*

## Class(es) to be dropped from student's schedule

Name/Title of Class	Teacher's Name	Class Day & Time	Studio

Reason for Withdraw:

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Parent/Guardian Signature

Date