



**CLINIC DROP OUT FORM**

Drop out policy:

- To drop out for any reason YTC must be given a 3 week written notification prior to the drop out date.
- Drop outs for medical reasons require a physician's note – the 3 week notification period will be waived.
- No drop outs will be refunded after May 1st

Date of notice: \_\_\_\_\_ Date dropping out: \_\_\_\_\_

Student Name: \_\_\_\_\_

Reason for drop out (if medical attach doctors note): \_\_\_\_\_

Class Day & Time \_\_\_\_\_

Parent Signature: \_\_\_\_\_

-----Internal use only-----

Date dropping out: \_\_\_\_\_ Total Amount Paid: \_\_\_\_\_

# Classes Taken: \_\_\_\_\_ X \_\_\_\_\_ \$ \_\_\_\_\_ = \$ \_\_\_\_\_

Total Refund Due: \_\_\_\_\_ Form processed by: \_\_\_\_\_

Authorized/Date: SG \_\_\_\_\_ MC \_\_\_\_\_ JM \_\_\_\_\_ JC \_\_\_\_\_