

## CESOD Drop Class Form

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

Date of Drop: \_\_\_\_\_ Class Day/Time: \_\_\_\_\_

Reason for dropping class:

Quality of instruction

Schedule conflict and another class time did not work

Mishandled complaint

Other

Please explain \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

Studio Owner Signature \_\_\_\_\_

Office Personal \_\_\_\_\_

Student's Teacher \_\_\_\_\_

Thank you for input.  
CESOD Crew