

Hudson Valley Conservatory

Student Withdrawal Form:

Student's Name: _____ Age: _____
(Please print neatly)

Phone #: _____

Today's date: _____

Date of withdraw: _____ (Please remember this notice must be hand delivered to the main office on the 1st of the month before withdraw)

Class/es to be dropped from student's schedule:

Name/title of class:	Teacher's name	Class time & day:

Reason for withdraw:

Date:

Parent/Guardian Signature