



# Little Honu Swim School Withdrawal Form

\* (This form must be submitted 30 days prior to last lesson) \*

Student's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Reason for withdrawal:

Schedule Conflict

Moving

Medical

Other/Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I understand that my registration will be cancelled when Little Honu Swim School receives and processes this properly completed form. Withdrawals are final.

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

Date: \_\_\_\_\_