

ADD/DROP SLIP FOR CLASS CHANGES

LANCASTER SCHOOL OF BALLET
2690 LITITZ PIKE, LANCASTER, PA 17601
(717) 569-0955
CAROLYN TRYTHALL, DIRECTOR

Phone _____ Date _____

Full name _____

Parents' names (if under 18 yrs.) _____

➤ **CLASS DROPPING:** Date effective _____ Term _____ Class # _____

Location _____ Day _____ Time _____

Class _____

➤ **CLASS DROPPING:** Date effective _____ Term _____ Class # _____

Location _____ Day _____ Time _____

Class _____

Instructors' signatures _____

➤ **CLASS ADDING:** Date effective _____ Term _____ Class # _____

Location _____ Day _____ Time _____

Class _____

➤ **CLASS ADDING:** Date effective _____ Term _____ Class # _____

Location _____ Day _____ Time _____

Class _____

Instructors' signatures _____

_____ I am withdrawing from all classes. Date effective _____ Please state reason:

(Office use only: ___ Reg. ___ OWP ___ List ___ Access ___ Roll)

ADDDROPword