



# Great Northwest Music Class/Lesson Withdrawal Form

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

Today's Date: \_\_\_\_\_ Last Date Attended: \_\_\_\_\_ Teacher: \_\_\_\_\_

Lesson/ Class: \_\_\_\_\_ Class/Lesson Day/Time: \_\_\_\_\_

Reason for withdrawal: \_\_\_\_\_

\_\_\_\_\_

Signature of Parent or Adult Student

### OFFICE USE ONLY

**Initial and date each item as completed:**

Autopay cancelled \_\_\_\_\_  
Billing removed \_\_\_\_\_  
Student marked inactive \_\_\_\_\_

Removed from schedules \_\_\_\_\_  
Check waiting list \_\_\_\_\_

220 SW G Street, Grants Pass, Oregon 97526 541-956-8600  
email@greatnorthwestmusic.com www.greatnorthwestmusic.com



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