

ST. JOHN SCHOOL OF THE ARTS

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E-mail: info@stjohnschoolofthearts.org

CLASS CANCELLATION FORM

Date: _____

General Information:

Student Name: _____

Parent Name: _____

Person Responsible for Payment: _____

Class Information:

Class/Lesson Name: _____

Instructor: _____

School Year Registered: _____ Date Class Dropped: _____

Reason for Class Drop: _____

I understand that by dropping this class, any prepaid tuition(s) will be credited through the last class attended and will be applied to my account through credit (as stated in the SJSA Student Handbook I received in the beginning of the school year). If I did not prepay any tuition(s), I am responsible for the balance due for classes attended through the date indicated and I understand I will be billed/invoiced for same. I understand Registration Fees are not refundable.

Initial _____

Signature of Parent/Guardian: _____

SJSA USE ONLY:

Registration Date on File: _____

Date of Last Class: _____ (as per attendance sheet)

of Classes Attended: _____ **Initial :** _____

Tuition prepaid (Y/N) Balance Due: _____

Credit Issued: (Y/N) SJSA Account: _____ Check (# _____) (Attach detail if any avail)

Initial : _____