

St. Cecilia Music Center



STUDENT DROP FORM

STUDENT FULL NAME _____

PARENTS FULL NAME _____

ADDRESS _____ CITY _____ ZIP _____

GROUP _____ TUITION REFUND DUE: _____

Please review tuition refund policy in handbook

REASON DROPPED _____

Music Folder Returned

Parent Signature _____ Date _____

Parents are responsible for full payment of program unless a signed drop form is received by SCMS that the student has dropped the program regardless of the date the student dropped. If the student is interested in re-enrolling at a future date, please call for an audition.