



ADD/DROP

FAMILY NAME: _____

DATE: _____

ADD:

Name (Give last name if different from parent)	Sex	Grade	DOB	CLASS	PRICE
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Additional Fees: _____

DROP:

Name (Give last name if different from parent)	Sex	Grade	DOB	CLASS	PRICE
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Reduction of Fees: _____

Office use only

Total Class Fees: _____

Teacher Discount: _____

Deposit Amt: _____

Date: _____

Cash/Check #: _____

1st Payment: _____

Date: _____

Cash/Check #: _____

2nd Payment: _____

Date: _____

Cash/Check #: _____

3rd Payment: _____

Date: _____

Cash/Check #: _____