



MATTIX MUSIC STUDIO

Student Withdrawal Form

Please fill out and email to: katie@mattixmusic.com

Date of withdrawal notification: _____ Teacher's Name: _____

Student Name: _____

Address: _____

Phone: _____ Email: _____

The last lesson that _____ can attend will be on: _____
Student's name Last lesson day/date

Reason for withdrawal from lessons (optional, but helpful in our studio planning):

We hope/plan to enroll in lessons again in the future: _____ No _____ Yes _____ Maybe

1. I understand that I am submitting this withdrawal form at least 30 days prior to the last scheduled lesson.
2. I understand that I receive no refund for student cancellations, including during this 30-day withdrawal notification period.

Parent/Guardian Name: _____
Printed

Parent/Guardian Signature: _____

Date: _____

Office Use Only:
Withdrawal Notification Received in Office on: _____
Student's teacher notified: _____
Studio schedule updated: _____