



Orlando School of Music Withdrawal Form

Today's Date _____

As stated in our policies and procedures, to discontinue any lessons, 30 Days notice from the first of the month must be given. (please print clearly)

Lesson Day _____

Lesson Time _____

Instructor Name _____

Instrument _____

School : _____ East Colonial/Baldwin Park

Student Name _____

Parent/Guardian Name _____

Phone # _____

Address _____

Reason for Withdrawing _____

Do you plan to return to the school? ____ If so, approx month/date if known _____

Signature Parent/Guardian or Adult Student

(Internal use only)

Date received _____ Last day of Lessons _____

Cancelled on Authorize.net date _____ By _____

Noted/Canceled on Master Schedule date _____ By _____

Noted/Cancelled on FileMaker & Paytracker date _____ By _____