

# ENROLMENT CANCELLATION REQUEST



KNOX GRAMMAR SCHOOL  
AQUATIC CENTRE

Name of responsible person: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Email address: \_\_\_\_\_

Participant 1: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Type of enrolment to cancel: Learn To Swim  Day & Time: \_\_\_\_\_

Squad  Squad Level: \_\_\_\_\_

Participant 2: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Type of enrolment to cancel: Learn To Swim  Day & Time: \_\_\_\_\_

Squad  Squad Level: \_\_\_\_\_

Participant 3: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Type of enrolment to cancel: Learn To Swim  Day & Time: \_\_\_\_\_

Squad  Squad Level: \_\_\_\_\_

What was the main reason for cancelling?  
\_\_\_\_\_  
\_\_\_\_\_

A minimum notice of 7 days prior to the 1<sup>st</sup> day of the calendar month of the enrolment that is to be cancelled must be given if payment for that month is to be stopped.

Last direct debit date: \_\_ / \_\_ / \_\_

Last enrolment date: \_\_ / \_\_ / \_\_

Responsible persons signature \_\_\_\_\_ Thank you for your patronage Date: \_\_\_\_\_

Staff Member: \_\_\_\_\_

## Office Use Only

Actioned Staff Member: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_