

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 1st 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: _____