



Music Academy Cancellation of Tuition Form

Student Name: _____ Class: _____ Reason:

_____ (Attach documentation if
additional space is required)

Music Academy Teacher's Name: _____ Instrument:

I have had a conversation with the Music Academy Teacher about canceling my child's enrollment.

☐ Yes ☐ No Date of initial conversation: _____

I understand that if my son/daughter has ceased lessons during a Semester, I will be liable to pay the full amount for that Semester.

I have returned the hired music instrument (if applicable) and all resources (sheet music, loaned books, etc) to the College.

☐ Yes ☐ No Date of return: _____

Parent / Guardian Signature: _____ Date: _____

Music Academy Program Leader: _____ Date: _____
(signature)

Office Use Only

- ☐ Student removed from Music Academy lessons on Compass
- ☐ Student removed from Music Enrollment Form
- ☐ Student removed from Timetable document
- ☐ Any supporting documentation attached