



**Drop, Vacation or Schedule Change Form  
Due 30 days prior to Change,  
on First of Month only**

Class Level \_\_\_\_\_ Day(s) \_\_\_\_\_ Time(s) \_\_\_\_\_

Student's Name \_\_\_\_\_

Parents' Names \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone (s) \_\_\_\_\_ Work Phone (s) \_\_\_\_\_

Cell Phone (s) \_\_\_\_\_

Email Address (es) \_\_\_\_\_

My child will not be returning to ABA.

Your input is important. Please let us know why your child will not be continuing:

\_\_\_\_\_

**I understand that 30 days notice is required if my child is not going to return to the school and that full monthly tuition is due for the 30 day period.**

My child will miss class during the month of \_\_\_\_\_ due to vacation. Dates \_\_\_\_\_. Full monthly tuition is still due for the month. We do not prorate, regardless of the number of classes attended. Classes may be made up within 2 months.

My child's ABA class schedule is changing. The new schedule is:

Days \_\_\_\_\_ Times \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_