***SSTA Cancellation Form***

* Email info@ssta-swim.com and attach a scanned copy of the completed form before the deadline date. Call 408-320-4868 to confirm that we received your request.
* Do NOT fax or mail completed forms. They will NOT be accepted.

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| **Parent’s Name:** |
| **Student’s Name:** | **Level:** | **Class Day:** | **Time:** | **Teacher:** |
| **Student’s Name:** | **Level:** | **Class Day:** | **Time:** | **Teacher:** |
| **Today’s Date:** | *Do not write in (Office Use Only):* |
| **Final Month of Enrollment:** |

|  |
| --- |
| **REASON FOR CANCELLATION:** |

**Parent’s Signature:………………………………………………………………………………..**

**FRONT DESK:…………………………………………… DATE: ……………………….**