



## EARLY WITHDRAWAL FORM 2020-2021

Students wishing to withdraw from the Otto M. Budig Academy must do so by formally submitting an Early Withdrawal Form to the Academy Administrative Office. Informing your student's teacher or failure to return to class does not qualify as formal notification of withdrawal. Students remain enrolled until the Early Withdrawal Form is received.

You will continue to be responsible for the full price of tuition unless your student falls under any one of the following criteria:

1. Withdrawal forms are submitted to the Academy Administrative Office within one of the following Early Withdrawal Periods:
  - a. **Fall Early Withdrawal Period:** The first 2 weeks of the Academy Year or the first 2 weeks (14 days) after my child enrolls, if I enroll after the start of the Academy Year
  - b. **Winter Early Withdrawal Period:** The first 2 weeks of 2021 (January 1-14)
2. Withdrawal forms are accompanied by a signed physician's note indicating the student cannot continue dance instruction due to a medical condition within four weeks of the onset of the condition. The effective date of withdrawal will be the date indicated in the physician's note.
3. Withdrawal forms are accompanied by documentation of family relocation from the Greater Cincinnati area within four weeks of relocation. The effective date of withdrawal will be the date indicated in the relocation notice.

Tuition adjustments for those who fall within the above criteria will be pro-rated. Families who do not submit withdrawal forms, who submit them outside the time frames indicated above, or who do not fall within the above criteria remain responsible for the full-year tuition amount for their student.

### WITHDRAWAL FORM

Student Name: \_\_\_\_\_ Class Level: \_\_\_\_\_

Parent Name: \_\_\_\_\_

Date of Form Submission: \_\_\_\_\_ Student's Last Day of Class: \_\_\_\_\_

This student is fully withdrawing from the Academy

This student is withdrawing only from the following class: \_\_\_\_\_

Is withdrawal due to a medical condition?

Yes

No

*If yes, please attach a letter from your student's physician stating the medical condition and the inclusive dates the condition interfered with Academy class attendance. A physician letter is required to make adjustments to your student's account.*

Is withdrawal due to relocation from the Greater Cincinnati area?

Yes

No

*If yes, please include proof of relocation including effective dates of move.*

Other reason for withdrawal: \_\_\_\_\_

Does your student intend to resume studies at the Academy in the future?

Yes

No

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

\_\_\_\_\_  
Date

Please complete and return this form to:

Cincinnati Ballet Otto M. Budig Academy  
Attn: Registrar  
1555 Central Parkway  
Cincinnati, OH 45214

[cbacademy@cballet.org](mailto:cbacademy@cballet.org)