

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 and approved.

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

- 1. My student's preferences change, and I submit a Withdrawal Form to the Academy 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 them after the start of the Academy Year
 - b. Winter Early Withdrawal Period: The first 2 weeks of 2022 (January 1-14)
- 2. My student receives a new medical diagnosis designating a serious illness or injury indicating it is medically unsafe for them to remain in the program without significant jeopardy to their ongoing health, and I submit a Withdrawal Form with a signed physician's notice within four weeks of the onset of the condition. Minor illnesses or injuries allowing for students to receive treatment and safely participate in part, virtually, or learn through observation do not apply.
- 3. Our family relocates and I submit a Withdrawal Form with documentation of family relocation within four weeks of relocation.

Students qualifying for withdrawal in the above categories will be refunded or relieved of payments for the prorated amount of future classes following their withdrawal date. The prorated tuition for the time students were registered through their withdrawal date is nonrefundable in all circumstances. 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 price of annual tuition for their student.

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Student Name:	Class Level:	
Parent Name:		
Date of Form Submission:	_Student's Last Day of Class:	
□ This student is fully withdrawing from the Academy		
$\hfill\square$ This student is withdrawing only from the following cla	ss:	
Is withdrawal due to a medical condition?	🗆 Yes 🛛 No	
If yes, please attach a letter from your student's p	hysician stating the medical condition and the inclu	isive
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 Cincinn	ati 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 Acade	my in the future?	🗆 No
Parent/Guardian Signature	Date	
Please complete and return this form to:		
Cincinnati Ballet Otto M. Budig Academy	or <u>cbacademy@cballet.org</u>	
Attn: Registrar		
1801 Gilbert Avenue		
Cincinnati, OH 45202		