

## CLASS CHANGE REQUEST FORM 2009-2010

Please drop off **completed** form in lobby, mail to PO Box 1586, Carmel 93921 or fax to us  
Ph. 831-624-3729 Fax 831-624-4381

**TODAY'S DATE** \_\_\_\_\_ **ALL APPLICABLE FIELDS ARE REQUIRED**  
Student's Name: \_\_\_\_\_ Home phone: \_\_\_\_\_  
**PARENT'S SIGNATURE:** \_\_\_\_\_ Work phone: \_\_\_\_\_

**CLASS TO DROP** (if applicable) *Submit form by the 15th to take effect on the 1st of the next month -IN PERSON!!!!!!!!!!*  
Class name w/ level: \_\_\_\_\_ Instructor: \_\_\_\_\_  
Class day: \_\_\_\_\_ Class time: \_\_\_\_\_ DATE OF LAST CLASS ENROLLED: \_\_\_\_\_  
**Reason:** \_\_\_\_\_ Is this a   CLASS SWITCH or   DROP  
Method of Payments:   Electronic Direct Payments   "Opt Out" Monthly Payments

**CLASS TO ADD:** (leave blank if not applicable) Student's birthdate: \_\_\_\_\_  
Class name w/ level: \_\_\_\_\_ Instructor: \_\_\_\_\_  
Class day: \_\_\_\_\_ Class time: \_\_\_\_\_ DATE OF FIRST CLASS ENROLLED: \_\_\_\_\_  
Pro-rated tuition \$ \_\_\_\_\_   attached  I want to pay with my electronic Direct Payment  
Was this class or level recommended?   NO   YES (if yes, by who?) \_\_\_\_\_

**OFFICE USE ONLY:** ROLL BOOK \_\_\_\_\_ BILLING \_\_\_\_\_ RECITAL COSTUME BOOK \_\_\_\_\_ DATE RECEIVED \_\_\_\_\_  
DIRECT PAYMENTS STOPPED/DATE \_\_\_\_\_ DEPOSIT RETURNED/DATE \_\_\_\_\_ ADDED TO DIRECT PAYMENTS/DATE \_\_\_\_\_

**CLASS ADDS MAY BE FAXED TO: 831-624-4381**

**OR MAILED TO: PO BOX 1586, CARMEL 93921**

**CREDIT CARD #:** \_\_\_\_\_ **EXP:** \_\_\_\_\_

**CREDIT CARD BILLING ZIP CODE:** \_\_\_\_\_

**CLASS DROPS MUST BE  
PRESENTED IN PERSON TO CAPA LOBBY STAFF  
DURING LOBBY HOURS OF MONDAY-FRIDAY  
9:00AM-NOON & 3:30-6:30PM AND SATURDAYS  
9:30AM-1:30PM**