

# MOTION PACIFIC WITHDRAWAL FORM

## PLEASE LIST CLASSE(S) BELOW:

1. \_\_\_\_\_ 3. \_\_\_\_\_  
2. \_\_\_\_\_ 4. \_\_\_\_\_

Student's Name (printed): \_\_\_\_\_

Parent/Guardian Printed Name: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

## Please Select Tuition Agreement:

- I paid tuition in full  
 I enrolled in the installment payment plan

\*A WITHDRAWAL FORM AND DOCTOR'S LETTER MUST BE SUBMITTED TO THE MOTION PACIFIC DESK INFORMING US THAT A STUDENT WILL NOT BE CONTINUING WITH CLASSES. IF TUITION HAS BEEN PAID IN FULL FOR THE YEAR, A CREDIT FOR THE REMAINING TUITION WILL BE PUT ON ACCOUNT AT MOTION PACIFIC.  
IF YOU HAVE ENROLLED IN ANY PAYMENT PLAN, THEN WE WILL REMOVE YOU FROM THE PLAN BUT WILL CHARGE ANY ADDITIONAL ANTICIPATED SERVICE FEES.  
WITHDRAWAL WILL BE APPLIED AT THE TIME THE WITHDRAWAL FORM IS RECEIVED.

## Reason for withdrawal (please check all relevant boxes):

- Moving away  
 School workload  
 Financial reasons  
 Conflicting commitments  
 Student no longer wishes to continue  
 Injury  
 Dissatisfied with class (please give explanation in comments section below)  
 Other (please specify below)

## Any other comments, feedback or concerns?

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## Please return to the address below:

Motion Pacific  
131 Front Street Suite E  
Santa Cruz, CA 95060  
OR EMail a scanned copy to abra@motionpacific.com

**\*Please note withdrawal from class is not complete until the school office confirms this form has been processed**

## OFFICE USE ONLY:

Date Received: \_\_\_\_\_ Confirmation Sent date/via: \_\_\_\_\_ / \_\_\_\_\_ Initials: \_\_\_\_\_  
Credit Received: \_\_\_\_\_ Name on Account: \_\_\_\_\_