 **APS SWIM SCHOOL (S) PTE LTD**

Email: admin@apsswim.com

Tel: 67775823

Mailing address: Orchard P.O. Box 788, S(912327)

**Discontinuation of Class Form**

*Please ensure all the information is filled out and email to* [*admin@apsswim.com*](mailto:admin@apsswim.com)*.*

**Personal Information**

Student Full Name:     Parent Full Name:       Contact No.

**Current Class Information**

Day of Lesson:       Lesson Time:       Location:

Program:

LTS

Endurance

Cross Training

Learn-To-Synchro

Learn-To-Dive

APSC (BLUESKY/JETFIRE/REDWHITE/SYNCRHO/DIVING)

Present Swim Teacher:

I would like to discontinue my child’s class. In view of the **one-month notice**, the last day of swimming lesion shall be       (day) /       (month) /       (year)

For record purposes, we would appreciate it very much if you could kindly provide your reasons.

Away for holiday  Exams  Passed Station 8  Unsuitable Schedule

Leaving the country  My child is no longer keen

Medical reason ~ Kindly attach medical certificate to discontinue class with immediate effect

Program did not meet my objective (please provide any suggestion/feedback for us to improve upon):

Others :

\*\*For the above reasons, please note that upon discontinue the class, the current slot may be assigned to the next student who is requesting for the same day/time.

\*\* If you would like to re-register for class, please fill out the re-registration form and email to us at [classplacement@apsswim.com](mailto:classplacement@apsswim.com). Once we receive the form, we will revert to you regarding the available slot for your child.

\*\* Please note if lessons are stopped for more than 3 months (Learn-To-Swim program) or more than 6 months (Endurance program), the child will need a re-evaluation before a class time is scheduled.

Parent/Guardian Signature (electronic):       Date: