 **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**.*

**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. 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: