

## WITHDRAWAL REQUEST

**Name of child(ren):**

**Existing class**

**Course:**

**Day:**

**Time:**

**Date of last class:**

Please note that we require 14 days' advance notice in writing if your child is withdrawing from a course.

**Please help us to improve our services by letting us know your reasons for withdrawal.  
Please tick all that apply.**

- |   |  |
|---|--|
| <input type="checkbox"/> The teacher was not engaging           | <input type="checkbox"/> The course was not as it seemed on the            |
| <input type="checkbox"/> My child didn't like the teacher       | course outline (please specify below)                                      |
| <input type="checkbox"/> The course was too advanced            | <input type="checkbox"/> I/My child didn't like the atmosphere/environment |
| <input type="checkbox"/> Timing of the course is not convenient | of the centre (please specify below)                                       |
| <input type="checkbox"/> The course was too repetitive          | <input type="checkbox"/> Moving to another provider (please specify below) |
| <input type="checkbox"/> The course is too expensive            | <input type="checkbox"/> My child has an injury/illness and cannot         |
| <input type="checkbox"/> I felt my child was not progressing    | participate anymore  |
| <input type="checkbox"/> My child didn't like the course        | <input type="checkbox"/> Leaving Hong Kong                                 |
| (please specify below)  |  |

\_\_\_\_\_  
**Signature of Parent/Guardian**

\_\_\_\_\_  
**Date**

C-E-007/2010

**Office Use:**

Classlist: \_\_\_\_\_ SCMS: \_\_\_\_\_ Class code: \_\_\_\_\_

Confirmed by CSD: \_\_\_\_\_ (phone/person)

Date: \_\_\_\_\_

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Dept in charge:     SE/LA             CSD             KM             Mktg

Employee name (in charge): \_\_\_\_\_

Feedback: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Please return to Marketing Department once completed**