

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: _____

Dept in charge: SE/LA CSD KM Mktg

Employee name (in charge): _____

Feedback: _____

Please return to Marketing Department once completed

