

CLASS ON HOLD

Parent/Guardian Full Name:		
Home #:	Cell #:	Work #:
E-mail:		
Street Address:		
City:	State:	Zip Code:
Student Full Name:		
Class:	Day:	Time:

Reason for hold (check all that apply):

- ☐ Financial constraints
- ☐ Long-term vacation / travel
- ☐ Other extra curricular activities take priority over MPA enrichment classes
- ☐ Other (please describe) _____
- _____
- _____

My child will resume classes on: _____

This form serves as my written notice to put my account on hold for up to three months. As a courtesy, Math Plus Academy will reserve a spot for my child until the specified data above.

I understand that billing will resume automatically on the restart date above.

Print _____

Sign _____ Date _____

For Office Use Only			
<input type="checkbox"/> Hold Dates Entered in App	<input type="checkbox"/> Subscriptions Edited	Initis: _____	Date: _____