LA Swim School Suspension Form

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(Please Print)	(Please Print)	(Please Print)
Parents Name:	Parents Name:	Parents Name:
Student Name/s:	Student Name/s:	Student Name/s:
SSID/s:	SSID/s:	SSID/s:
I request that my Learn to swim classes to be suspended for the following dates (Maximum of 4 lessons in a year) Date of lesson absent:///	I request that my Learn to swim classes to be suspended for the following dates (Maximum of 4 lessons in a year) Date of lesson absent:///	I request that my Learn to swim classes to be suspended for the following dates (Maximum of 4 lessons in a year) Date of lesson absent:///
Date of lesson absent://	Date of lesson absent://	Date of lesson absent://
Date of lesson absent://	Date of lesson absent://	Date of lesson absent://
Date of lesson absent:/	Date of lesson absent://	Date of lesson absent://
Total of suspended lesson:	Total of suspended lesson:	Total of suspended lesson:
Signature:	Signature:	Signature:
Date:/	Date:/	Date://





