Terra Arts

WITHDRAWAL POLICY

PLEASE NOTE: ONE POLICY SIGNING IS NEEDED PER FAMILY EACH ACADEMIC YEAR

By signing below, I acknowledge that I have read and understand the Withdrawal Policy (also known as the Drop Policy) of Terra Classical Theater, Inc. ("Terra Arts").

I understand that enrollment in the Foundations, Thinker, or Doer Day Program at Terra Arts is a year-long commitment spanning 30 weeks from September through May of the academic year.

I understand that I am financially responsible for the full tuition balance for the academic year, regardless of attendance, if a withdrawal occurs **after the July 1 drop deadline**, unless my student falls into one of the following categories:

- My student is enrolled in a public or private school and/or homeschooling is completely discontinued.
- My student has a serious medical condition that prevents attendance.
- My family moves more than 50 miles from Terra Arts.

If I fall into one of the above categories, I agree to provide Terra Arts with supporting documentation. In this case, I understand that I am only responsible for paying for the next 30 days of classes in accordance with the billing cycle. After that, I will no longer be financially responsible for the remainder of the academic year.

For Afternoon Courses, I understand that tuition is due by semester of enrollment. Withdrawals are only permitted at the end of the first semester. In this case, I am only responsible for paying for the first semester. However, if I withdraw during a semester, I understand that I remain financially responsible for the full semester's tuition.

If I enroll mid-year, I understand that the terms of this Withdrawal Policy apply beginning on my date of registration. I also understand that I am financially responsible for all applicable program fees beginning on the date I register.

I understand that if I enroll mid-year, billing begins on my date of registration. For example, if I register in January but do not plan to have my student attend until March, I understand that I am financially responsible for all applicable program fees beginning in January, as though my student had started attending in January.

BY SIGNING BELOW, I ACKNOWLEDGE THAT I HAVE READ, UNDERSTAND, AND AGREE TO THE TERMS OF THE WITHDRAWAL POLICY OUTLINED ABOVE.

FULL NAME OF PARENT/GUARDIAN (PRINTED): _____

SIGNATURE OF PARENT/GUARDIAN: _____

FULL NAME OF CHILD (PRINTED): _____

DATE: _____