

RP Number

Student Number



Kirby Swim Mandurah Pty Ltd
PO Box 3402
Mandurah WA 6210
ABN: 22117 915 689
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Change To Enrolment Form

Family Name: _____ Child Name/s: _____

Date: _____ Phone Number: _____

Suspension

Request for membership suspension for the following period as per Enrolment Terms and Conditions. Suspensions are only processed for **2 weeks per year**, as per terms and conditions of enrolment.

Lesson Date Suspended: _____

Lesson Date Suspended: _____

Return to Lesson Date: _____

- Exact suspension dates are to be provided prior to absence from the program.
- Enrolments will automatically recommence on reactivation date.

Cancellation of Lessons

Request for membership cancellation with **last lesson date** to be: _____

Cancellation of enrolments must be provided with **14 days notice** prior to next scheduled Direct Debit date. If cancellation is provided after this time, your next Direct Debit payment will be processed from your nominated account.

Reason for cancellation: _____

Other Feedback: _____

I confirm that the details of the above form are accurate, and as per the Terms and Conditions of the Enrolment Form.

Signature: _____ Staff Witness: _____ Date: __ / __ / __

OFFICE USE ONLY:

Date Processed: _____ Administration Staff: _____