

<b>STUDENT NAME</b>		<b>TOKEN NUMBER</b>	
<b>ADDRESS</b>		<b>DATE OF BIRTH</b>	
<b>CITY/TOWN</b>		<b>MOBILE NUMBER</b>	
<b>POSTCODE</b>		<b>HOME PHONE</b>	
<b>DATE</b>		<b>SIGNATURE OF DIRECT DEBIT CARD</b>	

**14 days prior notice is required for all enrolment cancellations**

## FEEDBACK

Your feedback will help us with continual improvement of our service. Please tell us why you wish to cancel your swimming lessons.

Please tick a box

- Moving out of the area     
  Illness     
  Affordability  
 Season/Weather     
  Moving to another facility     
  Other sports commitments  
 I'm dissatisfied with the program (please specify): \_\_\_\_\_

**Please email completed form to [swimschool@bunbury.wa.gov.au](mailto:swimschool@bunbury.wa.gov.au)**

## Office use only

Current swimming lesson time & day:			
Staff Member One		Staff Member Two	
Cancellation date:	Date received:	Cancellation date:	Date received:
Staff initials:	Supervisor approval:	Staff initials:	Supervisor approval:
<b>Action taken by Swim School</b>			
Database changed to cancelled	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Direct debit company notified    Yes <input type="checkbox"/> No <input type="checkbox"/>
Fixed term refund required	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Reason:
Medical certificate supplied	Yes <input type="checkbox"/>	No <input type="checkbox"/>	\$25 deducted                      Yes <input type="checkbox"/> No <input type="checkbox"/>
Refund application to Council completed	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Staff processing cancellation: _____ Date: _____