

# DRIPPING SPRINGS INDEPENDENT SCHOOL DISTRICT COMMUNITY SERVICES

510 West Mercer  
PO Box 479  
Dripping Springs, Texas 78620

Phone: (512) 858-3022  
Fax: (512) 858-3099  
Email: [elena.mckitrick@dsisdtx.us](mailto:elena.mckitrick@dsisdtx.us)

---

## CLUB C.R.A.S.H. DROP FORM

Student's Name \_\_\_\_\_ Campus/Grade \_\_\_\_\_

Parents/Guardian \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

**MY STUDENT/S WILL BE DROPPING FROM  
CLUB C.R.A.S.H AS OF THIS DATE: \_\_\_\_\_**

***\*\*AT LEAST 5 SCHOOL DAYS NOTICE REQUIRED, TUITION IS NOT PRORATED\*\****

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

NOTE: This form must be completed, signed by parent/guardian and returned to the Community Services office before program change or drop is effective. If at any time you decide to enroll again, a \$50 registration fee is required. Thank you.