

DRIPPING SPRINGS INDEPENDENT SCHOOL DISTRICT COMMUNITY SERVICES

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KIDS CLUB DROP FORM

Student's Name _____ Campus/Grade _____

Parents/Guardian _____ Phone _____

Address _____ City _____ Zip _____

**MY STUDENT/S WILL BE DROPPING FROM
KIDS CLUB 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.