

CLASS TRANSFER FORM

COCA's Registration Office	will contact you regarding payment if you are transf	erring to a class with diffe	erent tuition.
Student Name (Please pr	int legibly.)		
Current Class Name/Code	e	Current Class Date/Tim	ne
New Class Name/Code	New Class Date/Time		
Student Signature (Paren	t/Guardian signature for students ages 17 and unde	r) Dat	te
CLASS WITHD	PRAWAL FORM		
	email at registration@cocastl.org, by mail, ATTN: Re	gistration Office, or in pe	rson at the by the transfer deadline
deadline listed in the COCA letterhead. COCA cannot p	refundable. Refunds/Credits (less \$25 withdrawal fed program guide. After this deadline, refunds/credits rovide refunds or credits for individual days of class/d o exceptions to this policy.	will only be given for doc	umented medical reasons on physician's
	submitted within one (1) week of the injury or illness r child's camp in order to be processed.	in order to be processed.	. Camp withdrawals must be submitted
Student Name (Please prin	t legibly.)		
Withdrawal Class Name/Co	de	Withdrawal Class Date/Time	
Reason for Withdrawal			
Student Signature (Parent/	Guardian signature for students ages 17 and under)		Date
REGISTRATION OFFICE USE	ONLY:		
 Date Received	Received By	Date Processed	Processed By

Please submit this form by email at registration@cocastl.org, by mail, ATTN: Registration Office, or in person at the by the transfer deadline.