



Withdrawal Form

Please submit this form to Dr. Lydia Woodin two weeks before the upcoming auto-payment. You may scan and email a copy to Lydia.Woodin@chca-oh.org, or turn in a paper copy.

Student Name:	Grade:
Parent Name:	
Contact Number:	Contact Email:

Private Music Lesson Teacher (please check all that apply):

<input type="checkbox"/>	Robin Albus	Piano	<input type="checkbox"/>	Dr. Yera Lee	Violin/Viola
<input type="checkbox"/>	Dr. Takako Frautschi	Piano	<input type="checkbox"/>	Dr. Sera Cheon	Cello
<input type="checkbox"/>	Mrs. Duebber	Piano	<input type="checkbox"/>	Dr. Ian McIntyre	Woodwinds / Music Production
<input type="checkbox"/>	Carolyn Hill	Voice	<input type="checkbox"/>	Emery Hicks	Trumpet
<input type="checkbox"/>	Amy Herbst	Voice	<input type="checkbox"/>	Jose Mangual	Low Brass
<input type="checkbox"/>	Dr. Lydia Woodin	Violin/Viola	<input type="checkbox"/>	Andrew Hartman	Percussion
<input type="checkbox"/>	Dr. Siryung Park	Violin/Viola/Piano	<input type="checkbox"/>	Other:	Instrument:

Please indicate from which quarter the withdrawal will take effect*:

<input type="checkbox"/>	1st	Form submitted by August 4, 2025
<input type="checkbox"/>	2nd	Form submitted by September 22, 2025
<input type="checkbox"/>	3rd	Form submitted by November 24, 2025
<input type="checkbox"/>	4th	Form submitted by February 17, 2026

*Past quarters are not eligible for withdrawal. Credit for unused lessons transfer to the next quarter only - no refunds.

What is your reason for requesting a withdrawal?

<input type="checkbox"/>	Moving / Changing Schools
<input type="checkbox"/>	Financial
<input type="checkbox"/>	Loss of Interest
<input type="checkbox"/>	Lack of Practice Time
<input type="checkbox"/>	Dissatisfied with Teacher/Program
<input type="checkbox"/>	Other:

Please add any comments you would like to share:

(Parent Signature) _____ (Date)
Date Received by Private Music Lesson Program _____