

RIEKES CENTER CHANGE OF STATUS FORM

3455 Edison Way Menlo Park, CA 94025 Main: 650.364.2509 Fax: 650.261.6006

Student Information:

Name: _____ Date: _____
Phone: _____ Coach: _____

I would like to REACTIVATE!

Date last active: _____ Program: _____
Which program are you interested in? _____
Start Date: ____/____/____ - PLEASE COMPLETE A NEW PAYMENT CONTRACT

*Scholarship Student? Yes or No. If yes, will you need financial assistance? Yes or No. If yes, please schedule a Financial Aid appointment. This appointment must be completed before you reactivate.

I would like to TRANSFER to a different program:

Which program are you currently enrolled in? _____
Which program would you like to transfer too? _____
Effective Date: ____/____/____ - PLEASE COMPLETE A NEW PAYMENT CONTRACT

*Scholarship Student? Yes or No. If yes, will you need financial assistance? Yes or No. If yes, please schedule a Financial Aid appointment. This appointment must be completed before you transfer to a different program.

I would like to ADD another program:

Which program are you currently enrolled in? _____
Which program would you like to add? _____
Effective Date: ____/____/____ - PLEASE COMPLETE A NEW PAYMENT CONTRACT

*Scholarship Student? Yes or No. If yes, will you need financial assistance? Yes or No. If yes, please schedule a Financial Aid appointment. This appointment must be completed before you add another program.

Sorry, but I need to put my program on HOLD:

Completing this section will notify The Riekkes Center that the above student will discontinue the following program(s) specified on the first day of the following month. The Riekkes Center will not honor retroactive requests. If the notice is received on or after the first day of the current month as an inactivation notice for that month, your refund will be as follows:
1st - 7th = 75% 7th - 14th = 50% 15th or later = no refund.

**Please note that there will be a one month penalty fee to cancel any contracts where the duration of the program is longer than month-to-month or session-by-session before the end date.*

Please charge the following cancellation fee of \$ _____ for breaking the _____ contract.

Which program(s) would you like to discontinue? _____ Effective Date: ____/____/____

Reason (Honest Communication): _____

Signatures:

Student: _____ Date: _____
Parent: _____ Date: _____
Staff: _____ Date: _____