CITY OF GOSNELLS

LeisureWorld more than a pool ...

Swim School Cancellation Form

Full Name Parent/Guardian:	
Date of last lesson:	**14 days from date of request**
Reason for withdrawing:	
Student is enrolled using a **Kidsport** voucher:	Yes/No (please circle)

Student Details

	First Name	Last Name	Lesson Day
1. Student			
2. Student			
3. Student			
4. Student			

Privacy Collection Notice

Personal information is collected by the City of Gosnells to support the delivery of services to the community. Information is handled in accordance with the *PRIS Act 2024* and our Privacy Policy. Where necessary, information may be shared internally or with other agencies. See our Privacy Policy for more detail, City of Gosnells Privacy Information. To access or amend your personal information please contact the Privacy Officer by email info@gosnells.wa.gov.au or by telephone 08 9397 3000.

*I hereby understand that all cancellations require **14 days' notice,** no refunds or credits are available for direct debits that have already occurred as stated in the Swim School Terms and Conditions.*

Kidsport Enrolments:-
*Students enrolled using **Kidsport** credits understand cancellations/last lesson date will be after funding/credit has been used in full.*

Parent / Guardian Signature:	
Date:	

OFFICE USE ONLY			
Received Date:		Received By:	
Processed Date:		Processed By:	
ECM Number:			