**Cancellation form**

Students name:

Carers name: 

Phone no:

Email: 

Address: 

Date of enrolment: Date of cancellation:

Reason for cancellation: 

Would you reconsider re-enrolling with E.D.S?:

Are you likely to recommend E.D.S to others?: 

Which of the following best describes your experience with E.D.S?

Great Good Average Poor Terrible

What did you like about E.D.S?



What did you dislike about E.D.S?





What could E.D.S do better?



Name: Signature: Date:

Name: Signature: Date: 