

Academy Withdrawal Form

Date:	School:
Student's Name:	Academy Program:
Parent's Name:	Parent's Signature:

Please share your reason(s) for requesting a withdrawal from this academy program:

Please forward completed form to your Academy Teacher and note a **14 day** window for approval.

For use by School & District Team:

School Team	Date	Initials
Academy Teacher: Connect with parent		
Counsellor: Update student's courses		
Principal/Vice-Principal/Designate: Approve withdrawal and forward to academics@sd62.bc.ca		
District Academics Team	Date	Initials
Academics Clerk: Confirm fee payment structure and refund, as applicable.		
Senior Admin Assistant: Contact parent to confirm withdrawal and refund, as applicable.		

Academics Notes:
