

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 academies@sd62.bc.ca			
District Academies Team		Date	Initials
Academies Clerk: Confirm fee payment structure and refund, as applicable.			
Senior Admin Assistant: Contact parent to confirm withdrawal and refund, as applicable.			



SOOKE SCHOOLS 62

SD62 Academies
104-1089 Langford Parkway, Langford, BC V9B 0A5
(250) 391-9006
E: academies@sd62.bc.ca

Academies Notes: