

Room104-8160 St. Albans Road, Richmond, B.C.V6Y 2K9

Phone: (604) 668-6371 E-mail: <u>rvs@sd38.bc.ca</u>

SUMMER COURSE ~ Withdrawal Form

Complete and email this form to RVS@sd38.bc.ca

Name				
Student/Pupil Number				
Grade				
Birthdate				
	Γ	Oay /Month/Year		
Home School				
Course Name				
Teacher				
Withdrawal Date:				
		Day/Month/Year		
Reason for Withdrawal				
Materials Returned		Text Name (if applicable)		Book Number
Deposit Returned (if applicable)	Paid by:	Schoolcash		Cheque
Signatures of Agreement By entering the information below, we acknowledge that you have withdrawn from participation in the online course noted above with the Richmond Virtual School.				
Student Signature			Date	
Parent Signature			Date	
For Office Use Only Moodle	MyED Sched	lule, Transcript	WebQA (Status, Emai	ls)