



**Course Withdrawal Form to complete and email to RVS@sd38.bc.ca**

1.	<b>Name</b>				
	<b>Pupil ID#</b>				
	<b>Grade</b>				
	<b>Birthdate</b>				
		Day	Month	Year	
	<b>Home School</b>				
	<b>Course Name</b>				
	<b>Teacher</b>				
	<b>Withdrawal Date:</b>				Active?
		Day	Month	Year	
	<b>Reason for Withdrawal</b>				
	<b>Materials Returned</b>		Text Name (if applicable)		Book Number
	<b>Deposit Returned (if applicable)</b>				

**2. 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By entering the information below, we acknowledge that you have withdrawn from participation in the online course noted above with the Richmond Virtual School.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 Name**

**Date**

**Parent Name**

**Date**

**3. Please have this form signed by your school counsellor who will check your graduation plan and required credits without the completion of this course. Thank you!**

**Counsellor/Admin**

**Date**

**For Office Use Only**

Active? ☐ Moodle ☐ MyED Schedule ☐ Transcript ☐ WebQA Status ☐ File attachment ☐