



Richmond Virtual School

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Course Withdrawal Form

Name				
Student ID#				
Grade				
Birthdate				
	Day	Month	Year	
Home School				
Course Name				
Teacher				
Withdrawal Date:				
	Day	Month	Year	
Reason for Withdrawal				
Materials Returned	YES	Text Name (if applicable)		Book Number
Deposit Returned (if applicable)	YES			

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By entering the information below, we acknowledge that you have withdrawn from participation in the online course noted above with the Richmond Virtual School.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

For Office Use Only

School Counsellor

Notified:

Date