



Withdrawal Form

Request to withdraw from the Connections Program only (no on-campus classes taken)

This form is being initiated by _____

Relationship to student _____

Student's Name _____ Student's grade _____

Date change is requested: _____ Date form was initiated: _____

Effective Date: _____

1. I have met/discussed with the Administration concerning the reason for my withdrawal.

Administration's signature _____ **Date** _____

2. If requesting a change to your financial agreement, please attach a letter for the Board of Directors clearly outlining your request.

3. Please note that a withdrawal occurring in the middle of a quarter could result in a WP (withdrawal passing) or WF (withdrawal failing) on report card and transcripts.

4. Depending on the circumstances, an additional Administration fee of up to \$200 may be assessed.

As outlined in the financial agreement, the full amount of the agreement is due unless the Board of Directors agrees to change your agreement.

Reason for withdrawal: (use extra paper if necessary)

Parent's Signature _____ Date _____

Please submit this completed form, along with any additional requests or documentation to kdiskell@discovercca.org

For business office: ____ OK to release records. ____ Do NOT release records until account is current.

Sign: _____ Date: _____

Board Approval: Sign: _____ Date: _____