

# Academy Withdrawal Form

## For the School Year: \_\_\_\_\_

Academy programs are staffed based on enrollment. Payment of the non-refundable deposit completes the registration process, committing the student for the duration of the school year. Withdrawals are considered as follows:

### 1. Illness / Injury / Medical

A completed Withdrawal Form must be sent to the Academies Office. A student requesting withdrawal from an academy for medical reasons must submit a completed Withdrawal Form along with a doctor's note. Fees will be discontinued effective the last day of the month in which the Withdrawal is received by the Academies Office. Refund of any fees paid will be reviewed. The initial program deposit fee is non-refundable.

### 2. Others Reasons

A completed Withdrawal Form must be sent to the Academies Office a minimum of 15 days before the end of the month. The withdrawal will be reviewed by Academies Office in consultation with the student's home school. The availability of an alternate course will be determined by the student's home school. Fees will be discontinued effective the last day of the month if the withdrawal is approved.

Student Name \_\_\_\_\_ Grade: \_\_\_\_\_ Home School: \_\_\_\_\_

Withdrawing From: \_\_\_\_\_ Academy

Reason For withdrawal: \_\_\_\_\_

Student Signature \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian email: \_\_\_\_\_ Parent/Guardian Phone Number: \_\_\_\_\_

Home School Counselor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Home School Records Clerk Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Records Clerks:** Please email this completed form and all associated documentation to [academies@sd44.ca](mailto:academies@sd44.ca) - subject line 'Withdraw'.