



For Hope Office Use Only: Date WD Form Rec'd _____ Date of Last Login _____ SP _____ IC _____ Compass _____ A+ _____

School Year 2010-11
 Revised 03/17/2010

STUDENT WITHDRAWAL FORM FROM HOPE ONLINE LEARNING ACADEMY CO-OP

The student listed below is withdrawing from Hope Online Learning Academy. **(One form per student)**

Student's Name: _____ Learning Center: _____

Date of Birth: _____ Grade Level: _____

Reason for Withdrawal

_____ Public school _____ (name of school & district)

_____ Private school _____ (name of school & district)

_____ Home school It is my intention to home school my child verified by my signature below.

_____ (Parent/Guardian)

_____ Out of State /Country _____ (name of state or country)

_____ Pursue GED at _____ (name of program)

By my signature, I am authorizing the above-mentioned program to confirm my enrollment to Hope Online.

_____ (Signature of Student)

_____ My student is no longer of compulsory attendance age (17 years old) and is electing to drop out of school.

_____ Facility operated by the Colorado Dept of Corrections or Division of Youth Corrections

In the event that a parent or student signature cannot be obtained, the learning center must provide documentation below indicating the attempts made to contact the parent/guardian.

Contact Log	Date	Method Used	Comment

Parents: Please provide any feedback regarding your students experience at Hope Online by submitting the feedback form which can be found at <http://hopeco-op.org/ContactUs.html>

 Parent Name (Print)

 Parent Signature

 Date

 Learning Center Director Signature

 Date

RETURN COMPLETED FORM TO YOUR STUDENT ADMISSIONS MANAGER.