



FORM IHBHE-E2: VIRTUAL LEARNING ACADEMY WITHDRAWAL FORM

Student Information

Name: _____ Date of Birth: _____

Student ID #: _____ Student Cell #: _____

Address: _____

School: _____ Grade Level: _____

Parent/Guardian Information

Name: _____ Email: _____

Home Phone: _____ Cell Phone: _____

Student Status

Graduating Senior

Credit Recovery

Credit Acceleration

Distance Learning/Courses to be Dropped

Course Name: _____

Grade Reported on Student Transcript: _____

Course Name: _____

Grade Reported on Student Transcript: _____

Signatures

Home School Counselor Signature

Date

Parent/Guardian Signature

Date

VLA Signature

Date Received

Date Dropped