

# Vision Charter Academy

## *Withdrawal Process*

To complete the withdrawal process the learner/parent will need to do the following.

- Step 1      Complete a VCA Withdrawal form and submit form to VCA Family Liaison.
  
- Step 2      Complete Educational Resource Returned form and submit (both the form and the resources) to Campus Coordinator.\*
  
- Step 3      Return all library check-outs to Campus Coordinator.\*
  
- Step 4      Parent Guided/Blended learners - As required, complete final entries in the learners IPS document, attendance, including targets and submit grade/credit information for verification by the assigned HQC\*\*      Class Based learners - will need to submit final assignments to assigned Teachers prior to exit.

*\*VCA will invoice you for any educational resources or library check-outs that are damaged due to misuse or not returned. \*\*Please note that any parent guided coursework that is not provided to the HQC for verification of final grades will be documented as an F and 0.0 credit on your learner's official transcript.*

Once all steps have been completed the learner will be officially exited from VCA and official records transferred to any school or program that submits an official request for records.

# Vision Charter Academy

## Withdrawal Form

Full Name of learner: \_\_\_\_\_ Current Grade Level: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Name of parent/guardian: \_\_\_\_\_

Telephone Number: (\_\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_

### REASON FOR WITHDRAWAL (EXIT CODE):

\*Transfer in district (11)

Transfer to Home School (16)

\*Transfer in state (13)

Drop out/Discontinuing Schooling (40)

\*Transfer out of state/country (14)

learner must be at least 17 yrs. old to drop

\*Transferring to a private school (15)

Expelled (50)

Graduation (90)

### \*Please provide the following information if the student is transferring to another school or program.

Name of New School/Program: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State and Zip code: \_\_\_\_\_

Country (if other than US): \_\_\_\_\_

Anticipated last date of attendance at VCA school:

First scheduled date of attendance in new educational program:


Learner's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parent/Guardian's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

VCA Staff Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### ***\*IMPORTANT\****

***VCA will invoice you for any educational resources or library check-outs that are damaged due to misuse or not returned. Please note that any parent guided coursework that is not provided to the HQC for verification of final grades will be documented as an F and 0.0 credit on your learner's official transcript.***

## FAMILY SATISFACTION

Please express your over all level of satisfaction with the VCA.

\_\_\_\_\_ Excellent      \_\_\_\_\_ Good      \_\_\_\_\_ Fair      \_\_\_\_\_ Poor

How did the VCA help your learner? Check all that apply.

Increase self-esteem	<input type="checkbox"/>	Increase skill levels	<input type="checkbox"/>	Making choices	<input type="checkbox"/>
Increase knowledge	<input type="checkbox"/>	Freedom of schedule	<input type="checkbox"/>	Other	<input type="checkbox"/>

If you checked other, please share with us how participating in this school has benefited your learner:

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**Additional Comments:**

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