

Tacoma Public Schools
Tacoma Virtual Learning

Withdrawal Form

Student name _____

Student email _____

Course: _____

Current School: _____

Reason for withdrawing:

Required Signature:

I acknowledge that this student is withdrawing from the identified Tacoma Virtual Learning course.

Signature of Student _____ Date: _____

Signature of Parent _____ Date: _____

Signature of Guidance Counselor _____ Date: _____

Mail completed form to:
Tacoma Virtual Learning
P.O. Box 1357
Tacoma, WA 98401

FAX completed form to:
Tacoma Virtual Learning
(253) 571-1124