



3111 Fortune Way | Suite B-16 | Wellington | Florida | 33414
 Toll Free: 1.800.890.6269 | Main: 561.537.5501 | Fax: 1.866.230.0259
<http://www.virtualhse.com>

Official Notice of Pupil Withdrawal

Virtual High School of Excellence

Student Information					
1. Student's Legal Last Name		2. Student's Legal First Name		3. Middle Name	
4. Last day of attendance (MM/DD/YYYY) / /		5. Grade Level		6. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	
7. Date of Birth (MM/DD/YYYY) / /					
Are seeking NCAA compliance: Yes _____ No: _____					
8. Primary Withdrawal Type Select the following that best describes why the student is withdrawing from school.					
<input type="checkbox"/> W1 Transfer to another school		<input type="checkbox"/> W5 Dropout		<input type="checkbox"/> W9 Transfer to be home taught <input type="checkbox"/> Other _____	
<input type="checkbox"/> W2 Illness		<input type="checkbox"/> W6 Age		<input type="checkbox"/> W10 Transfer to detention	
<input type="checkbox"/> W3 Expelled or long term suspension		<input type="checkbox"/> W7 Graduated		<input type="checkbox"/> W11 GED	
<input type="checkbox"/> W4 Absence or status unknown		<input type="checkbox"/> W8 Deceased		<input type="checkbox"/> W12 Continuing studies at vocational or technical school	
9. If there is a balance on your account you will not be able to receive any official records from Virtual High School of Excellence. If you would like to pay the balance, please fill out the bottom section.					
Name on Card: _____				<input type="checkbox"/> Pay In full	
Credit Card Type: _____				<input type="checkbox"/> Monthly Payments	
Credit Card Number: _____-_____-_____-_____				Date of each month to charge credit card	
Expiration Date: ____/____ CVV: _____				____ (MM) ____ (DD) ____ (YY)	
Billing Address: _____					
Street Address				Apt#	
City		State		Zip Code	
10. Parent/Guardian Signature					11. Date (MM/DD/YYYY) / /

Note: If parent or guardian is unable to sign this form, the school district should indicate the reason the signature was not obtainable. Fill out and Fax to our office at 866-230-0259.

Form #: ADE-41-123, rev 5/2004; in compliance with ARS 15-827.