

Compact Program Withdrawal

Homeschool: Copley High School

Student Name _____

I would like to : _____ Withdraw _____ Other

Current Program _____

Reason:

****PLEASE NOTE THAT STUDENTS MAY NOT WITHDRAW OR MAKE CHANGES TO THEIR PROGRAM WITHOUT APPROVAL FROM A COPLEY ADMINISTRATOR **AFTER MAY 1st.****

Program Teacher _____ Date _____

Student Signature _____ Date _____

Parent Signature _____ Date _____

Return to Copley High School Guidance Office