Withdrawal Request Form

Student Information

Full Name



Date of Request

Upon submission of this request, your student is no longer enrolled with edgenuity courses assigned to an Edgenuity teacher through parent pay. You have 14 days from the student's course start date to be issued a refund, anything past that will not be eligable for a refund.

Date of Birth	Phone Number	
Reason for Withdrawal		
Student Signature (if under 18, please include a parent/guardian signature. Must match information in the student file)		
Date		
Date		
	Reason for Withdrawal th information in the student fil Date	

Please fill out this form in Adobe Acrobat reader (not in a web browser) and return via link below.

Alternatively, you can print this form and:

- 1. Email to: admissions@edgenuity.com or
- 2. Fax to 866-436-0244 or
- 3. Return by postal mail to:

Edgenuity Admissions 8860 E. Chaparral Road, Suite 100 Scottsdale, AZ 85250