



Airdrie Campus  
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(403) 948-3255 FAX

Chestermere Campus  
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(403) 207-4314 FAX

Cochrane Campus  
(403) 932-6131  
(403) 932-1152 FAX

## Student Completion/Withdrawal Form

**Return all outstanding texts and this form to the school, and your textbook refund cheque will be processed and mailed accordingly. (Cheques may take up to three weeks to process.)**

Date: \_\_\_\_\_ Student Name: \_\_\_\_\_

Issue Refund To: \_\_\_\_\_

Current Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

☐ I have completed my course and do not require any further courses, please process text refund.

☐ I wish to be WITHDRAWN from the following Course: \_\_\_\_\_

☐ I wish to be WITHDRAWN from RVS Community Learning Centre. If under the age of 16 you must complete the following:  
I will be registering at \_\_\_\_\_ effective \_\_\_\_\_  
(name of school) (date registering)

☐ I will be returning Next Year to RVSCLC – please roll textbook refund.

Reason for withdrawal: \_\_\_\_\_

Parent Signature: \_\_\_\_\_  
(If student is under 18 years of age a parent/guardian signature is required)

If Text Book Return is NOT complete, list missing material:

Lost Material: \_\_\_\_\_ Replacement Cost \$ \_\_\_\_\_

Lost Material: \_\_\_\_\_ Replacement Cost \$ \_\_\_\_\_

Late Fees \$ \_\_\_\_\_

### SCHOOL USE ONLY

File Closure Checklist	Date	Deposit Refund Information	
All school property collected?		Amount: Material Caution Fee	\$150.00
Assignments collected?		Less: Lost/Outstanding Material	_____
Final Marks _____ Report Card Confirmed _____ Transcript		Other Charges:	_____
Email address – notify to delete or transfer		Total Refund	\$ _____
Teacher Notified Claim Yes _____ No _____		Date Refund Processed:	_____
WD from D2L/weconnect		Cheque No.	_____
Transfer out in PS		Special Instructions	_____
Req transfer or delete email			