RHSA Teaching Co-op

Fill out a separate sheet for each student. Make additional copies as needed before writing on the form.

CLASS DROP FORM

Parent Signature & Date:

Please Print Family's Last Name				
Student's I	Full Name			<u> </u>
Home Phone		Cell Phone		
E-mail Add	dress			
Is your entire family dropping out of Co-op? Have				ified the teacher?
Note: S Class Code	upply Fee & May T	Teacher	Drop Date mm/dd/yy	n a class is dropped.
				Date Processed in Ecoops: Date Teacher Emailed: Date Processed in Homeschool-Life: