



Harvest Ridge Cooperative Charter School
Harvest Ridge Placer Academy

Student Disenrollment Form

Date _____

Student Name _____

Last Date of Enrollment _____

Reason for Drop _____

Parent Signature _____

Updated Contact Information:

Current/New Address

City _____

State _____ Zip _____

Phone _____

Email _____

New School _____

School Office Use Only	
Student materials have been returned to the school.	
Outstanding fees have been paid.	
Parent signatures for Independent Study and outstanding student work have been collected.	

Teacher Signature _____