

**SAMPLE LETTER**

Voluntary Withdrawal from the CPA/VPA Program for School Letterhead

Date

Dear \_\_\_\_\_:

We understand that you have chosen to withdraw your child, (Name of Student), from (Name of School) CPA/VPA program. As part of the withdrawal process, we ask that you:

1. Schedule a brief exit interview with the CPA/VPA Program Coordinator at the school.
2. Schedule a 30-minute withdrawal appointment with the Registrar.

Please complete the form on the next page to indicate that you understand once your child has been withdrawn from our school, you will have a ten-day (school days) grace period to change your mind. After the ten (10) days, your child's placement in the CPA/VPA program will be forfeited. We wish to thank you for all you have done to support your child's learning in the PGCPS CPA/VPA program, and wish you and your child much success with his/her future academic endeavors.

Sincerely,

(Principal's Name)  
(School Name)

