

Virtual Flex Course Cancellation Form

Please note all cancellations are subject to a \$15 processing fee.

Student Name: _____ Student ID #: _____

Virtual Course(s) to Cancel:

(please circle one):

Course Name: _____ Session: Summer Fall Spring

Course Name: _____ Session: Summer Fall Spring

Course Name: _____ Session: Summer Fall Spring

Reason for Cancelling:

Agreement & Signature:

I would like to cancel the above virtual course(s). I understand that I will receive a partial refund since the school district must pay a fee for every enrollment/cancellation and the credit card processing. Credit will be issued to the same credit card used for payment of the course(s).

Parent Printed Name: _____

Parent Signature: _____ Date: _____

Please submit/return this form to:

Jennifer Scudder
Online Learning Coordinator
653 Westerly Parkway
State College, PA 16801
virtual@scasd.org
(814) 231-1000