

Withdrawal Request Form



Upon submission of this request, your student is no longer enrolled in Imagine Learning courses or assigned to an Imagine Learning teacher through parent pay. You have 14 days from the student's course start date to be issued a refund, anything past that will not be eligible for a refund.

Student Information

Full Name		Date of Request
E-mail Address	Date of Birth	Phone Number
Address	Reason for Withdrawal	

Student Signature (if under 18, please include a parent/guardian signature. Must match information in the student file)

Student Name	Date
Student Signature	
Parent/Guardian Name	Date
Parent/Guardian Email Address	
Parent/Guardian Signature	

Please fill out this form in Adobe Acrobat reader (not in a web browser) and return via link below.

Alternatively, you can print this form and:

1. Email to: admissions@ilacademies.com or
2. Fax to 866-436-0244 or
3. Return by postal mail to:

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100 S Mill Ave., Suite 1700
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