



A Challenge Foundation Academy

DAVIDSON CHARTER ACADEMY

500 Biesecker Rd
Lexington, NC 27295
336-803-7809

Registrar
office@davidsoncharter.org

Withdrawal Request Form

This form must be completed and signed by the student's parent upon their request to withdraw the student from DCA.

Date: _____

RE: _____ (Print Name of Student)

I hereby elect to withdraw my son / daughter, _____

from Davidson Charter Academy effective _____.

My child will be attending school at _____.

By signing this form, I understand that all textbooks and any loaned materials must be returned to the school immediately. Once this is done, the school agrees to forward current grades and report cards to the receiving school.

Parent/Guardian Signature

Date

Parent/Guardian Email Address

Parent/Guardian Phone Number