Davidson Charter Academy
500/502 Biesecker Rd.
Lexington, NC 27295
ES: 336-803-7809
MS: 336-916-5750
F: 336-843-4720

STUDENT INFORMATION

Student Name: _____ Grade: _____

Last Day of Attendance: _____

REASON FOR WITHDRAWAL

☐ Transfer to Another Public School: _____ _____
Name of School City

☐ Transfer to an Out of State Public School: _____ _____
Name of School City/State

☐ Transfer to Another Country: _____ _____
Name of School City/Country

☐ Transfer to a Private School: _____ _____
Name of School City

☐ Transfer to a HomeSchool (must provide proof that the Notice of Intent to Operate a School form has been received by the Division of Non-Public Education (DNPE).

☐ Other: _____

PARENT/GUARDIAN

By signing this form:

- I understand that all loaned materials must be returned to the school immediately. Once this is completed, the school agrees to forward current grades and report cards to the receiving school.
- I understand that by signing this form, I am forfeiting my child(ren)'s seat at Davidson Charter Academy. Should I change my mind, I will need to reapply in the lottery, if applicable.
- I understand that students under age 16 must be enrolled in school under NC Compulsory Law.

_____ _____ _____
Parent/Guardian Name Parent/Guardian Signature Date