



# 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I understand that students under age 16 are not to be withdrawn until their whereabouts are known or it is determined they have left the attendance area. These students are considered truant until confirmation of a move or a records request from an appropriate educational program is received. **COMPLETING THIS FORM DOES NOT MEAN YOUR CHILD IS UNENROLLED at DCA. THIS IS ONLY USED AS YOUR INTENT TO ENROLL, as you have indicated above.**

\_\_\_\_\_  
Parent/Guardian Name

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date