



WITHDRAWAL FORM

Date _____

I withdraw the following student/s from the Academy for Character Education:

STUDENT(S) _____

Parent/Guardian Name: _____

Signature: _____ Date _____

Parent Name/Guardian Name: _____

Signature: _____ Date _____

OFFICE USE ONLY	
Date of withdrawal/change	Staff Initials
Reason for withdrawal/change	
Records requested? Yes____/No____	Home Schooled (Verified) Date_____
Records sent to:	