

## NOTIFICATION OF STUDENT WITHDRAW

SCHOOL YEAR \_\_\_\_\_

Dadeville Christian Academy

I hereby give consent to the Administration of DCA to notify the Public School Superintendent that the named student has cease attendance at said school.

State	Zip	
	State	StateZip

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

To be completed by School Administrator

School Administrator

Date of withdraw \_\_\_\_\_

Dadeville Christian Academy P.O. Box 677 Dadeville, Al 36853 (256) 596-3411 www.dadevillechristianacademy.com