



**NOTIFICATION OF STUDENT WITHDRAW**    SCHOOL YEAR \_\_\_\_\_

I hereby authorize the administration of Dadeville Christian Academy to notify the Public School Superintendent that the named student has ceased attendance at this school.

Student Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

\_\_\_\_\_  
Date

***To be completed by School Administrator***

School Administrator: **Tammy Salinas**

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

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