



# The Founders Academy Student Withdrawal Form

(Updated: July 24, 2018)

I, \_\_\_\_\_, parent / guardian of  
(name of parent / guardian)

\_\_\_\_\_ wish to withdraw from  
(name of student)

The Founders Academy Public Charter School effective on:

\_\_\_\_\_  
(insert date)

Reason for withdrawal: \_\_\_\_\_

Our intention is to enroll him / her in \_\_\_\_\_.  
(insert name of School, homeschool, etc.)

\_\_\_\_\_  
(School Mailing Address)

\_\_\_\_\_  
(School City, State, Zip Code)

You have my permission to forward our student's cumulative file & transcript to the school stated above.

**Please check this box.**

Signature of parent / guardian: \_\_\_\_\_ Date: \_\_\_\_\_