



STUDENT WITHDRAWAL FORM

Date of form completion: _____

Student's Name: _____ DOB: _____ - _____ - _____

Address: _____

Grade: _____ Parent/Guardian Signature: _____

Check One: In person ☐ or Electronic ☐

Date of withdrawal (last day of attendance): _____

Reason for withdrawal: _____

School where the student plans to attend (if known)* _____

We would love to speak with you!

If you are open to a member of the Coweta Charter Academy Board viewing this form & reaching out to you to discuss your experience at our school, please provide your information below.

Email Address:

Best Contact Number:

If planning on homeschooling, please submit to CCA the completed GaDOE online declaration of intent form. [Home Study Program Declaration Of Intent \(gadoe.org\)](http://gadoe.org)

If you need to request records, you can email enrollment@cowetacharteracademy.org

** Please note that withdrawals may take up to 3 school days to process.**

Coweta Charter Academy
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