

P.O. Box 3233
Cookeville, TN 38502
Phone: 931-432-1496
Toll-Free: 877-797-4860



Fax: 931-432-1498
jdholman@d1academy.org
cgholman@d1academy.org
www.d1academy.org

Withdrawal Release Form

_____ Students Full Name

Student ID# Birthdate Grade level Age

Circle one: Homeschool Program Correspondence Program Online Program

By signing below I am withdrawing this student from Daniel 1 Academy.

Parent's signature _____ Date signed ____/____/____

Reason for withdrawing _____

Name of school student will be transferring to: _____



This section is to be completed by Daniel 1 staff member.

List of materials (if any) that need to be returned or fees that need to be paid before student can be released.

___ Final grade report turned in ___ All materials have been returned ___ All fees have been paid

Official's signature _____ **Date released** ____/____/____

(The original should be filed in the student's permanent file. A copy should be given to the student or parent at the time of release. Copies of transcript records will only be released if everything has been completed.)