

P.O. Box 3233  
Cookeville, TN 38502

Phone: 931-432-1496



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

Circle one:
Homeschool Program
Correspondence Program
Online Program

### Withdrawal Release Form

\_\_\_\_\_ Students Full Name

\_\_\_\_\_ Student ID#      \_\_\_\_\_ Birthdate      \_\_\_\_\_ Grade level      \_\_\_\_\_ Age

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.)*