



STUDENT WITHDRAWAL FORM

Date: _____

Current Grade _____

Student(s) Name: _____

Withdrawal Date: _____ Teachers: _____

Name of future school: _____

Parent/Guardian Signature: _____

This acknowledges your request for withdrawal from DaVinci Academy of Arts and Science. **Please complete, sign and return to the school office** so we can process your child's file accordingly. When a student is officially withdrawn from DaVinci Academy, their spot will be given to another child on the waiting list.

We regret losing any of our students from DaVinci Academy, but understand that circumstances change for families. We also appreciate any comments you would like to share to guide potential improvements to DaVinci Academy.

Reason for withdrawal _____

Have you talked to your child(s) teacher (s) about your decision? _____

Have you talked with an Administrator? If so, what resulted? _____

How do you feel DaVinci compares to other schools? _____

What did you like best? Do you have any suggestions for change or improvement? _____

What could we have done to help better accommodate you and /or your child's needs? _____
