



Southwest Charlotte STEM Academy

WITHDRAWAL FORM

Student name(s): _____

Grade(s): _____ Teacher(s): _____

Last date student(s) will attend SCSA: _____

Reason for withdrawal: _____

School child(ren) will attend: _____

Complete address of new school: _____

New home address / phone, if applicable: _____

Date: _____

Parent/Guardian Signature: _____

**If not returning form in person, please scan and email to clawyer@scstemacademy.org, or mail to:*

**SCSA
5203 Shopton Road
Charlotte, NC 28278
ATTN: Carin Lawyer**