Cumberland Valley School District

6746 Carlisle Pike, Mechanicsburg, PA 17050

Withdrawal Documentation

Student Na	ame:		Date of Birth:		
CVSD Sch	ool		Grade: Age:		
Student Nu	ımber: Pare	nt Phone nu	mber:		
New Home	e Address:				
Parent E-m	nail:		Today's Date:		
Name & Ad	ddress of New School:				
**Last day	at CV:	*New S	chool Start Date:		
Par	rent/Guardian Signature	Pa	rent/Guardian Name (Printed)		
Sibling #1:		Sc	hool:		
			School:		
			School:		
initia the school off	st be enrolled in school. I) **You are responsible for returning al	I CVSD issued CV. If your stu	devices, textbooks, and borrowed library books to udent takes medication at school, you will need to n.		
Office Use Only:		Tic	Ticket Number:		
Sending CVSD School:		Tra	Transferred to School/District:		
Date Last Attended:		Da	Date Entered New School:		
Ver □	rified By CV: Sending School	Ve □	rified By New School: Request for Records		
	Parent Phone Call		Parent Phone Call		
	Registration Form		School Phone Call		
	Did not Attend School		School Email		
	Other		Other		
Notes:					

Withdrawal Form- Grades

Student Name:			
Grade:			
Withdrawal Date:			
Subject	Grade to Date	Missing Materials	Teacher's Initials
Grade Level Office/Locker			
Athletic Office			
Device Returned			
Nurse			
Media Center (IMC)			
Cafeteria			
Counselor			
Parent/Guardian: I hereby g forward school records to the withdrawal from Cumberland accredited School/Home School	requesting school Valley High Scho	for the student referenced	l above. A student
Parent/Guardian Printed Nam	ne:		
Parent/Guardian Signature: _			