Camp Hill School District
STUDENT WITHDRAWAL FORM

☐ **Hoover Elementary** 420 South 24th Street Camp Hill, PA 17011	☐ **Eisenhower Elementary** 340 North 21st Street Camp Hill, PA 17011	☐ **Camp Hill Middle School** 2401 Chestnut Street Camp Hill, PA 17011	☐ **Camp Hill High School** 100 South 24th Street Camp Hill, PA 17011

Student's Name:_____ **Birth date**:_____ **Age**:_____ **Grade**:_____

Withdrawal date: _____ **Parent/Guardian Name:** _____

Telephone:_____ **E-mail:**_____

Forwarding Address (include city, state, zip): _____

Reason for Withdrawal:

☐ Transfer to another Pennsylvania public school
☐ Transfer to private school or cyber school
☐ Transfer out of state
☐ Home School
☐ Transfer out of the United States – Name of Country: _____
☐ Other _____

Transfer to: *(Please complete as much information as possible)*

District:_____ School:_____

Address, City, State, Zip:_____

Parent/Guardian Signature:_____ **Date:** _____

Staff signature:_____ **Title:**_____ **Date:** _____

DURING THE SCHOOL YEAR ONLY: Student will present this form to the person representing each area listed below. Staff member initials indicate that all obligations have been met:

SUBJECT	TEACHER	GRADE AT W/D DATE	TEXTBOOKS RETURNED (Y/N)	INITIALS
ATHLETIC DEPT.				
LIBRARY				
OTHER				

Office Use Only:	
Student ID number:	
WD code:	
CSIU w/d date:	
BB w/d date:	

NOTES:

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