

CHARTIERS VALLEY HIGH SCHOOL
 50 Thoms Run Road Bridgeville Pennsylvania 15017-2835
 Student Services Phone: 412.429.2270
STUDENT WITHDRAWAL FORM

Note to the Student: All signatures must be obtained before your withdrawal can be approved. Once this form is completed, return to the Student Service Office for processing. Be sure to take your Immunization Records to your new school when you register. An official transcript will be sent upon request by the student's new school.

STUDENT NAME: _____ **ID#** _____ **GRADE** _____
HOMEROOM _____ **CURRENT MARKING PERIOD** _____
WITHDRAWAL CODE _____ **WITHDRAWAL REASON** _____ **WITHDRAWAL DATE** _____

SUBJECT	TEACHER'S SIGNATURE	GRADE % TO DATE	FEES/OBLIGATIONS/BOOKS/MATERIALS
ENGLISH			
MATH			
SCIENCE			
SOCIAL STUDIES			
PHYS ED			
HEALTH			
WORLD LANGUAGE			
ELECTIVE			
ELECTIVE			
ELECTIVE			

DEPARTMENT	SIGNATURE	OBLIGATION YES OR NO	FEES DUE \$
TECHNOLOGY/LAPTOP/CHARGER			\$
ATHLETICS			\$
CAFETERIA			\$

SCHOOL COUNSELOR		
NURSE		COPY OF IMMUN RECORDS GIVEN YES OR NO

FINAL STEP: RETURN FORMS TO GUIDANCE SECRETARY IN COUNSELING OFFICE.

DAYS ABSENT: _____ **TOTAL DAYS ENROLLED/MEMBERSHIP:** _____

**CHARTIERS VALLEY SCHOOL DISTRICT
CHARTIERS VALLEY HIGH SCHOOL
50 THOMS RUN ROAD BRIDGEVILLE PA 15017-2832**

Date: _____

My son/daughter _____ has requested to withdraw from
Chartiers Valley High School as of _____ for the following reason(s): _____

(Please check off one of the codes below)

CODES FOR WITHDRAWALS ONLY

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CODES FOR DROPOUTS ONLY

_____ Public/Private School

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_____ 01 = Homemaker

_____ Charter School: _____

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_____ 02 = Military

****PLEASE NOTE: Until you are contacted by the Charter School
confirming enrollment, you must maintain your status as a
student with CVSD****

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_____ 03 = White Collar Worker

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_____ 04 = Blue Collar Worker

*

_____ 05 = GED/other education

_____ Project Succeed @ Keystone Oaks

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_____ 06 = Service Worker

_____ Other:

*

_____ 07 = Unemployed

Name of Institution: _____

*

_____ 99 = Other _____

I have been given the opportunity to examine school records.

Parent or Guardian Signature: _____

Student Signature: _____

Counselor Signature: _____

Principal Signature: _____

Student's Forwarding Address: _____

FOR OFFICE USE ONLY

___ W01 - Promoted or transferred to another room

___ W10 - Deceased

___ W02 - Promoted or transferred to public school in district

___ W11 - Incapacitated

___ W03 - Promoted or transferred to nonpublic school in district

___ W12 - Committed to a correctional institution

___ W04 - Moved from district

___ W13 - Drafted or enlisted in the armed services

___ W05 - Attends school in another district

___ W14 - Attended Kindergarten and withdrew

___ W06 - Quit school after passing required attendance age

___ W15 - Neglected or dependent in Child Care Agency

___ W07 - Issued a General Employment Certificate

___ W16 - Runaway

___ W08 - Issued a Fann/Domestic Service Exemption Certificate

___ W17 - Expelled

___ W09 - Holds a Certificate of Graduation