Camp Hill School District
STUDENT WITHDRAWAL FORM

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

☐ Chromebook assigned to the student has been returned to the district (date): _____

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

NOTES: