Student Withdrawal Form

Champlain Valley Union High School
369 CVU Road, Hinesburg, VT 05461 * 802.482.7137 * FAX 802.482.7123

Name_____**Grade**____ **DOB**_____**HOUSE**_____

New School Name_____

New School Address_____**City/State/Zip**_____

New School Contact/Phone/Fax_____

Caregiver Signature_____

Current Course	Grade	Current Course	Grade
R1		W1	
R2		W2	
R3		W3	
R4		W4	

Caregiver Contact Information

Name_____

Address_____

Phone_____**Email**_____

Chromebook returned	**Y**	**N**
Textbooks returned	**Y**	**N**
Cafe obligations clear	**Y**	**N**
Uniforms returned	**Y**	**N**
AV equipment returned	**Y**	**N**
Library books returned	**Y**	**N**

Fines due_____

OFFICE SIGN OFF:

Date school notified_____

Request Received Date_____

Last attendance/End Date_____

Records Sent Date_____

CVU spreadsheet updated_____