CHARTIERS VALLEY SCHOOL DISTRICT

INSPIRING EXCELLENCE

STUDENT WITHDRAWAL INFORMATION

1. STUDENT INFORMATION

STUDENT'S LAST NAME:	FIRST NAME:	MIDDLE NAME:
DATE OF BIRTH (MM/DD/YYYY):	**CURRENT GRADE LEVEL:**	**PARENT / GUARDIAN NAME(S):**
RELATIONSHIP TO CHILD:	**RESIDENCE ADDRESS WITHIN CHARTIERS VALLEY SD:** *(Street, City, State, Zip)*	

2. NEW SCHOOL DISTRICT INFORMATION

NAME OF NEW SCHOOL / DISTRICT:	STATE:
REASON FOR LEAVING:	**PLAN ON RETURNING TO CVSD?** ☐ Yes ☐ No

3. PERMISSION TO RELEASE STUDENT RECORDS

AUTHORIZED RECORDS FOR RELEASE:

☐ Health / Dental ☐ Academic ☐ Psychological ☐ IEPOther:

4. OFFICE USE ONLY — CLEARANCES & EQUIPMENT

OUTSTANDING ITEMS / FINES:

Library: Cafeteria: Materials / Books:

DEVICES / EQUIPMENT RETURNED:

☐ **Student Device** ☐ **Device Charging Cable(s)** ☐ **Other:**

5. SIGNATURES & AUTHORIZATION

PARENT / GUARDIAN SIGNATURE:	TODAY'S DATE (MM/DD/YYYY):

STUDENT'S LAST DAY IN ATTENDANCE (MM/DD/YYYY):

SUBMISSION INSTRUCTIONS: Please email completed form to **kmannering@cvsd.net** or return by fax: **412-429-2286.**