

## MANHEIM TOWNSHIP SCHOOL DISTRICT STUDENT WITHDRAWAL FORM

Student Name:			School:		
Date of Birth:	ID:	Grade:	Homero		
Student Schedule: D	<b>rop</b> (no grade)	Drop with g	rade 🔲 <b>D</b>	e <b>lete</b> (did not attend school	!)
Reason for Withdrawal: _					
Date of Withdrawal:			Last Date of A	ttendance:	
	Fan	nily Moving	Student M	Ioving Only	
Address before Withdraw	al:				_
New Address:					_
New Phone:					_
Name of New School:					
Address:					
Phone Number:					
Fax Number:					
<u> </u>		_	•	child's record to the scho	ool
that is listed above o	r to any other so	chool that may req	juest records w	ithin the next 120 days.	
Parent/Guardian Signature			-	Date	
A1 :: 4 4 2 6:					
Administrator's Signature				Date	
					7
Office Use		ce Use only:	Withdrav	wal Date	
				WD Code Post Schl	
		tom Sched	1109 _	1 031 00111	



## MANHEIM TOWNSHIP SCHOOL DISTRICT

## **DISTRICT OFFICE**

450A CANDLEWYCK ROAD LANCASTER PA 17601 (PH) 717.569.8231 (FAX) 717.569.3729 www.mtwp.net

## CAFETERIA ACCOUNT REFUND APPLICATION

Student (s) Name:			
Building:			
Balance:			
Please select one of the options below for your r	efund:		
<ul> <li>DONATE the remaining balance to a MTWP donor account, which berstudents in need.</li> <li>TRANSFER the remaining balance to a sibling <u>OR</u> friend who is curre enrolled in the District. (First &amp; last name of sibling/friend):</li> </ul>			
	less than \$5.00 may be picked up in cash at the 35-1720. Balances over \$5.00 will only be issued lowing information.		
Make check payable to:			
Address:			
(Note: Processing che	cks may take several weeks.)		
Parent Signature	Date		
If you are uncertain about your student's account bal 717-735-1720 or email <a href="mailto:smithst@mtwp.net">smithst@mtwp.net</a> .	ance, please contact the Food Service Office at		
Please note any positive balance of \$5.00 or from withdrawal, will be donated to the MTV	less, with no notification received within 30 days WP student in need account.		
FOR FOOD SERVICE:	FOR BUSINESS OFFICE:		
Account credited for \$ on Amt. Date	For check to be issued: Account # 51-0480000 Amount: Vendor#		
Close account if district withdrawal	Check Date:		