

**Completed By:** 

## Office of Student Enrollment and Placement

Suite 111 – 440 N. Broad Street Philadelphia, PA 19130 215-400-4290 (Office) – 215-400-4291 (Fax)

## DELIVERY RECEIPT/ONE PAGE PER PACKAGE

## **Sending School Pick Up Information**

To Be Completed By Principal/Designee

\*Please complete the below information. Once completed, please print and sign your name.

(Please Print Name)				
Date:				
Sending School	Receiving School	Description	Quantity	Signature/Comments
Receiving School Receipt Information				
*Please confirm the above information. Once confirmed please complete the below section, print and sign your				
name.	To Be C	ompleted By Principa	I/Designee	
Completed By:				
(Please Print Name)				
Date:				
Signature:				
Comments:				