****

**RE-ENROLLMENT WITHIN TWO WEEKS OF WITHDRAWAL**

|  |  |
| --- | --- |
| **School:** | **Date:** |
| **Student Name:** |
| **Student ID Number:** | **Grade Level:** |
| **Withdrawal Date:** | **Re-Enrollment Date:** |
| **Reason for Re-Enrollment:** |
|  |
|  |
| **Parent’s Signature:** | **Date:** |
| **Parent’s Name (Please Print):** |
| **Does the student reside within CCS attendance boundaries? (Please attach proof of residency)****\*If the answer is no, the student must enroll in the district of address and may submit an IOE application if desired.** | **Yes** | **No\*** |
| **New Address (If Applicable):** |  |
| **Signature (Principal, Designee or Enrollment Specialist):** |
| **Printed Name & Title** |

***This form and the proof of residency is to be uploaded in the Documents Tab in Infinite Campus.***

Attend. & Acct. 01/19