



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 Signature:

Parent Name (Please Print):

Has parent/guardian provided documentation of the address verification?

YES____ NO____

New Address (If applicable):

Signature (Principal/Designee or Enrollment Specialist):

Printed Name & Title:

This form is to be uploaded to the student information system and retained in the student's cumulative record.