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

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| --- | --- | --- | --- | --- |
| **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