



RE-ENROLLMENT WITHIN TEN SCHOOL DAYS 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? **Yes** **No***
(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.**

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. Once uploaded, email centralenrollment@columbus.k12.oh.us that the student needs to be re-enrolled.