

CARMEL CENTRAL SCHOOL DISTRICT STUDENT WITHDRAWAL FORM

Student Name:		Date:			
Student ID:		IEP / 504	Student?		
Reason for Leaving CCSD:		1			
Last day of enrollment at CCSD:		First day	First day enrolled in new school:		
New School Address:		New Scho	New School Telephone Number:		
Upon receipt of Release of Records f				3 0	
Parent/Guardian Name:		tion and records concerning my child named above: Relationship:			
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New Address:	Telephon	Telephone #:			
I understand that:		1			
(1) If my child is in possession of C		• •	• •		
athletic department equipmen (2) If I withdraw my child from the		-	-		
and/or District Policy; or (2) un	fulfilled disc	iplinary decision, my	child will be re	equired to undergo a 3214	
hearing (if necessary) or follow	serve such <u>It</u>	discipline upon their ems to be Returned	re-enrollment <u>1</u>	in the District.	
Transportation Zonar Card		Textbooks (list):		Library Books (list):	
Student ID (CHS Only)					
School-issued Laptop					
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Parent/Guardian Signature:				Date:	