



Dedicated to Excellence
Cherry Creek Schools

Cherry Creek School District Student Withdrawal Form

Today's Date: _____ Withdrawal Date: _____

Student's Name: _____

CCSD ID #: _____ Grade: ____

Withdrawing School: _____

Withdrawal Reason: _____

* I hereby authorize Cherry Creek School District to withdraw my child as of the date listed above. I understand that I will need to re-register my child in order to have continued enrollment in Cherry Creek Schools.

* To comply with state law, Cherry Creek School District requires adequate documentation of continued school enrollment for students. The documentation must be in the form of an official records request or signed confirmation from a school official. **Secondary students without adequate documentation of transfer will be considered dropped out of the school.**

* Official school records will be forwarded upon request.

Please complete the following information (if known)

Parent/Guardian Name: _____

Contact Phone Number: _____

New Home Address: _____

New School/School District: _____

Parent Email Address: _____

Parent/Guardian Signature: _____

____ Student Check-out processed