

STUDENT WITHDRAWAL FORM



COLLEGE WOOD ELEMENTARY
12415 Shelborne Road
Carmel, In 46032
Phone: 317-733-6430
Fax: 317-733-6445

Student Name(s): _____ Grade(s): _____ Teacher(s): _____

Last day of attendance at College Wood: _____

Parent Name: _____ Email: _____

New mailing address: _____
*Required for forwarding of assessment results, school pictures, textbook rental refunds, etc.

Effective date of new address: _____

New school where student will enroll: _____
School Name

School Address

City State Zip

**Please note all school property in your child's possession must be returned prior to his/her last day at school.*

Parent Signature: _____

Return completed form to cweseecretaries@ccs.k12.in.us.

FOR OFFICE USE ONLY:

staff notified _____
withdrawn from PowerSchool _____
textbook rental refund _____

cumulative file pulled _____
health file pulled _____
records sent to new school _____