



**\*\*YOU MUST ENROLL YOUR STUDENT  
THROUGH THE  
CHERRY CREEK SCHOOL DISTRICT ADMISSIONS OFFICE  
BEFORE YOU MAY PROCEED TO THE NEXT PAGE\*\***

**CHERRY CREEK HIGH SCHOOL  
NEW STUDENT REGISTRATION PROCESS**

- 1) **New Student Form:** Please complete the New Student Form below. Fill out all of the sections.
- 2) **Academic Records:** Please gather your student's most recent grades (Incoming 10<sup>th</sup>/11<sup>th</sup>: transcript from previous school. Incoming 9<sup>th</sup>: full-year report card or computer printout of grades/classes taken in 8<sup>th</sup>). Submit with this form. **\*You MUST provide recent Academic Records as indicated above or your student will not be placed in a Registration Session. Records requested by our District may not arrive in time for our Sessions.\***
- 3) Please **send listed documents** (New Student Form and Academic Records) to the CCHS Counseling Department via email at: [RegistrationCCHS@cherrycreekschools.org](mailto:RegistrationCCHS@cherrycreekschools.org).

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*If you have any questions or concerns with the completion or submission of any of the required documents, please contact the Counseling Office directly at (720) 554-2250 or (720) 554-2260. Office closed June 7 – July 19.*

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**New Student Form**

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_ CCSD Student ID #: \_\_\_\_\_

Parent Name(s): \_\_\_\_\_ Parent Email: \_\_\_\_\_

Name of Person Completing This Form: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Main Phone #: \_\_\_\_\_ H W C Other Phone #: \_\_\_\_\_ H W C

Previous School Attended: \_\_\_\_\_ Last date of Attendance: \_\_\_\_\_

City/State/Country: \_\_\_\_\_ Previous School Phone #: \_\_\_\_\_

School Registrar Contact Name: \_\_\_\_\_ Registrar/School Email: \_\_\_\_\_

Last Grade Level Completed: 8  9  10  11

Name/Position at Previous School: \_\_\_\_\_  Admin  Dean  Other

Has your student graduated or received a diploma from previous school? Yes No

Has your student been identified as Gifted and Talented? Yes No

Does your student have an active 504 plan? Yes No

Has your student ever been staffed in Special Education/Individual Educational Plan (IEP)? Yes No  
If yes, is the IEP current? Yes No Comments: \_\_\_\_\_

Has your student ever been in an ELS or bilingual class to learn English as a Second Language? Yes No  
If yes, in what grades did student have ELS classes? \_\_\_\_\_

Is your student considering playing sports after high school at NCAA Division I or Division II levels? Yes No

Has your student ever been **suspended** from school? Yes No  
If yes, was the suspension for a drug or alcohol-related incident? Yes No  
If not drug or alcohol-related, what was the suspension for? \_\_\_\_\_  
What were the dates of the suspension(s)? \_\_\_\_\_

Has your student ever been **expelled** from a school or school district? Yes No  
If yes, what were the circumstances of the expulsion? \_\_\_\_\_  
What were the dates of the expulsion? \_\_\_\_\_

Is there anything else we should know? \_\_\_\_\_