

STUDENT DISCHARGE FORM

DATE:

Student last:		first:		Gr		ID	
Expected Last Day:		Reason for discharge		Off Class:		DOB:	Age:
Adult 1:		Adult 2:		Guidance Counselor			
Home address	<input type="checkbox"/> No change	<input type="checkbox"/> Collect new (REQUIRED for Code 11 discharge)	New School/Program (not required out of USA/territories OR PK or K parent-elected discharge) <input type="checkbox"/> public/charter <input type="checkbox"/> non-public				
Street/Apt				School Name			
City, St, Zip				Address			
Country							
phone				phone			
alt. phones				fax			
email				email			
Alternate address, additional contact persons or other information about move				Enrollment Date			
				Contact person or other notes from new school			
<input type="checkbox"/>	If Request for Records does not include date of enrollment then receiving school email/fax attached OR attest to a verbal confirmation, below, Must include name, title and contact of person from the new school who provides the evidence including date of enrollment.						
<input type="checkbox"/>	Parent statement (parent writes and signs below; or attach; or attest to, below) for out of USA/Territories, PK discharges, or K parent-elected discharge.						
statement							
Parent Name		Parent Signature		Date			
School Staff Name/ Title		School Staff Signature		Date			
Additional notes on discharge documentation							
Effective Date of Discharge		Discharge Code:		Document or Reason Code:		Entered in ATS by:	Date:
For Codes 12 or 08X or 11X, who is responsible for continued outreach and investigation?							
School Staff Person Completing this Form:				Signature:		Date:	