



Exit Confirmation Form

Please complete this form if a scholarship recipient leaves the school, informs the school of plans to leave, or fails to re-register at the school.

Student name: _____

Parent/Guardian name: _____

Name of school the student is departing from: _____

Student began attending classes at this school for this academic year on: ____/____/____

Student stopped or will stop attending classes on ____/____/____

Reason(s) for leaving school (check all that apply):

Moved out of area

Graduated from highest grade offered at our school

Needs services not provided by our school

Academic difficulties

Disciplinary problems

Could not continue tuition payments

Unknown

Other: _____

Do you know where this student will be attending school after leaving your school? (Public or private, school name if known)

Is this student leaving as a result of a suspension? Yes No

Has this student been expelled? Yes No

Does the family still owe the school any money? Yes No (\$_____)

Print name of Principal, Assistant Principal, or equivalent

Signature of Principal, Assistant Principal, or equivalent

Title: _____

Date: _____