

BOONE CLINTON JOINT SERVICES

CHANGE OF ENROLLMENT STATUS FORM

STN: _____ Grade: _____

Name: _____ DOB: _____

Corporation: _____ Educating School: _____

EXIT DATE IN STUDENT INFO SYSTEM _____

PLEASE CHECK AND COMPLETE

- Transfer within Jt. Services to: _____
- Transfer within Indiana: _____
- Transfer out of state: _____
- Withdrawn to Homeschool (no Service Plan): _____
- Graduated with Diploma: _____ Certificate of Completion: _____
- Dismissed from special education services: _____
- Other (please specify): _____

Date Completed

Signature