



## **BOONE-CLINTON-NORTH WEST HENDRICKS 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- Withdrawn to Homeschool (no Service Plan): \_\_\_\_\_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