

Enter / Exit

Special Education

Name of Student _____

Date of Birth _____

Enter / Exit Date _____

Status:

_____ Transferred IN or OUT

School Name: _____

School Address: _____

_____ Dropped Out

_____ Withdrawn from Sp. Ed., back to Reg. Ed. Services

_____ Objective Completed, back to Reg. Ed. Services

_____ Graduated

_____ Other: _____

Building:

_____ USD 114 Riverside

_____ USD 429 Troy

_____ USD 111 Doniphan West

(Please Initial)

Please fax to DCEC 785-982-4204 upon completion