



LOCAL EDUCATION AGENCY:	SCHOOL:
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STUDENT / PARENT/ GUARDIAN INFORMATION

DATE OF REQUEST TO EXIT SCHOOL				
STUDENT'S NAME:			GRADE STUDENT IS CURRENTLY ENROLLED IN	
DATE OF BIRTH			STUDENT'S SOCIAL SECURITY NO.	
ADDRESS:				APARTMENT NO.
CITY	STATE	ZIPCODE	HOME TELEPHONE	WORK PHONE

PERSON MAKING REQUEST:	RELATIONSHIP OF PERSON MAKING REQUEST: <input type="checkbox"/> PARENT <input type="checkbox"/> LEGAL GUARDIAN <input type="checkbox"/> OTHER _____
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ADDRESS (If different from above):				APARTMENT NO.
CITY	STATE	ZIPCODE	HOME TELEPHONE	WORK PHONE

CATEGORY OF WAIVER	<input type="checkbox"/> PREGNANT or ACTIVELY PARENTING	<input type="checkbox"/> INCARCERATED or ADJUDICATED	<input type="checkbox"/> CHRONIC PHYSICAL or MENTAL ILLNESS
	<input type="checkbox"/> INSTITUTIONALIZED or LIVING IN RESIDENTIAL FACILITY	<input type="checkbox"/> FAMILY or ECONOMIC HARDSHIP	

Disclaimer: Signature acknowledges formal request for this student to exit (drop out) from school and to attend an alternative Adult Education Program:	SIGNATURE OF PARENT/GUARDIAN	SIGNATURE OF STUDENT
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LEA / SCHOOL REPOSE

<input type="checkbox"/> REQUEST APPROVED	REPORT TO ADULT ED SUPERVISOR	PHONE:
<input type="checkbox"/> REQUEST DENIED		LOCATION:
DATE:	REASON FOR DENIAL:	ENROLL BY DATE: (MUST BE WITHIN 5 SCHOOLS DAYS OF APPROVAL):

SIGNATURE OF SUPERINTENDENT or DESIGNEE	TITLE
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ADULT EDUCATION ACCEPTANCE

SIGNATURE OF ADULT EDUCATION ADMINISTRATOR	LOCATION	ENROLLMENT DATE:
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INELIGIBILITY FOR CONTINUANCE IN ADULT EDUCATION

REASON FOR STUDENT'S INELIGIBILITY		
<input type="checkbox"/> STUDENT EXCEEDS AGE REQUIREMENT	<input type="checkbox"/> STUDENT FAILED TO MEET THE REQUIREMENTS OF COMPULSORY ATTENDANCE	<input type="checkbox"/> INAPPROPRIATE BEHAVIOR

Explain below the student's failure to comply with Act 59 for any of the categories above. Exclude the category of exceeding the age requirement.

AUTHORITY CONTACTED AT LEA:	TITLE
CONTACTED BY:	DATE