

# STUDENT DISCHARGE FORM

[DBN/School Name]						Today's Date:					
Student last:				first:			Gr		ID		
Expected Last Day:		Reason for discharge				Off Class:		DOB:		Age:	
Adult 1:				Adult 2:			Guidance Counselor				
<b>Home address</b>		<input type="checkbox"/>	<b>No change</b>		<input type="checkbox"/>	<b>Collect new</b>		<b>New School/Program</b> (not required out of USA/territories OR K parent-elected discharge) <small>public/charter non-public</small>			
Street/Apt						<b>School Name</b>					
City, St, Zip						<b>Address</b>					
Country											
phone						<b>phone</b>					
alt. phones						<b>fax</b>					
email						<b>email</b>					
Alternate address or contact person or other information about move						Date of Admission					
						Contact person, enrollment date or other notes about new school					
<b>Parent statement REQUIRED</b> for move out of USA/Territories, for PK discharges, or for K parent-elected discharge.											
<i>Parent statement</i>											
Parent Name						Parent Signature				Date	
<input type="checkbox"/> The parent statement is attached.											
<input type="checkbox"/> The parent statement was a verbal statement recorded by a school staff member:											
School Staff Name/ Title						School Staff Signature				Date	
<b>Documentation</b> See chart. The school must confirm that all conditions have been met for the use of the code and obtain documentation that meets the applicable Transfer, Discharge and Graduation Guidelines (TDG Guidelines) requirement.											
<i>Optional Notes on Documents Attached</i>											
Effective Date of Discharge		Discharge Code:		Document or Reason Code:		Entered in ATS by:		Date:			
<i>For Codes 12 or 08X or 11X, who is responsible for continued outreach and investigation?</i>											
FSC Approval Notes: <i>Optional</i>											
School Staff Person Completing this Form:						Signature:				Date:	