



**Shiawassee**  
Regional Education Service District

**Student Exit Form**

<b>Student Name:</b> _____		<b>DOB:</b> _____
<b>District:</b> _____		<b>Date:</b> _____
<b><u>REASON FOR EXIT</u></b> (check appropriate response)		
	<b>RELOCATED:</b>	<b>DATE</b>
	In-County (area if known)	
	Out-of-County (area if known)	
	Other (area if known)	
		<b>DATE</b>
	<b>STUDENT DECEASED</b>	
	<b>DROPPED OUT OF SCHOOL</b>	
	<b>EXPELLED</b>	
	<b>OTHER</b>	
<b>Verified by:</b>		
<b>Title:</b>		
<b>Phone:</b>		
<b>FAX TO SRES D – Central Records (989) 743-9601</b>		