



DROP FORM

This form is to be completed by the CASE MANAGER.

Student's Name _____, _____
(Last Name) (First Name)

Birth Date _____ School Building _____

This student has been dropped because he/she:

District Exit Code

- 01 Graduated from general education with a high school diploma
02 Graduated from general education with HS diploma & applied to a degree granting institution
03 Graduated from an alternative program with a high school diploma
04 Graduated from general education with a HS diploma and applied to non-degree granting institution
05 Completed general education with an equivalency certificate (GED)
06 Completed general education with other certificate
07 Dropped out of School
08 Enrolled in public school district in Michigan
09 Moved out of state
10 Expelled from the school district (no further services)
11 Enlisted in military of Job Corps
12 Deceased
13 Adjudicated
14 Enrolled in home school
15 Enrolled in non-public school
16 Unknown
17 Placed in a recovery or rehabilitative program
18 Left Adult Education
19 Expected to continue in the same school district
20 Special Education-Received certificate of completion and exited the K-12 system
21 Special Education-Reached maximum age and exited the K-12 system
30 Exited Early Childhood or Early On program/service
31 Parent revoked consent for student to receive special education programs or services
40 Graduated from a middle college w/both a HS diploma & assoc degree or other advanced cert
41 Graduated from a middle college with only a high school diploma
42 Graduated from another district

Special Education Exit code: _____ 30 Team determined student is no longer eligible for special education programs or services
_____ 31 Parent revoked consent for student to receive special education programs or services

Completed by: _____ Date: _____

Date district dropped the student: _____

(This date must match the exit date reported in the school data base by school/program secretary.)