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REGIONAL SAFE SCHOOL PROGRAM

S.T.A.R. Quest Academy Regional Safe School-South EXIT/ENROLLMENT FORM

This form is meant to assist in the tracking of students for the Student Information System (SIS). This student has enrolled in S.T.A.R. Quest Academy Regional Safe School Program. Please enter S.T.A.R. Quest as the Serving School for this student. We will notify you when the student is no longer attending. Thank you.

Serving School: _____ S.T.A.R. Quest-South _____ RCDTS: _____ 210000000009303 _____

Home School: _____

Student Name: _____

DOB (Date of Birth): _____

Gender: Male Female

FOR OFFICE USE ONLY

SIS #/SID: _____

Grade Level: _____

Enrollment Date: _____

Exit Date: _____

Reason Code: _____

Please make sure the enrollment & exit dates entered into the SIS System match the dates provided on this form.



LORIE LEQUATTE, REGIONAL SUPERINTENDENT OF SCHOOLS
Program for At-Risk Students through the **Regional Office of Education #21**
Franklin, Johnson, Massac & Williamson Counties
www.roe21.org