



ADD - CHANGE - DROP FORM

UIC NUMBER: _____

Date: _____

Student Last Name: _____ Student First Name: _____

Date of Birth: _____ Grade: _____ School: _____

This form is a notification of change for the above student

<p>ADD Student (within Local School District)</p>	<p>Student Address: _____ Home Phone: _____ Cell Phone: _____ Start Date: _____ Previous School: _____ Previous Provider(s): _____ Parent/Guardian: _____ Address (if different): _____</p>	
<p>• New Placement Information</p>	<p>Special Ed Teacher: _____ Program: _____ Itinerant Provider: _____ Service: _____ Itinerant Provider: _____ Service: _____ Itinerant Provider: _____ Service: _____</p>	
<p>CHANGE Placement (within School Building)</p>	<p>Provider: _____ New Provider: _____</p>	
<p>DROP Student</p>	<p>Drop Date: _____ Moved to: _____ (If new program determined at recent IEP, transfer date & add portion required) Transfer Date: _____</p>	
<p>✓ DROP REASON</p>	<p><input type="checkbox"/> 01 Graduated General Ed with diploma <input type="checkbox"/> 02 Graduated General Ed with diploma & applied to College <input type="checkbox"/> 03 Graduated from Alternative Program <input type="checkbox"/> 04 Graduated & applied to non-degree Granting Institution <input type="checkbox"/> 05 Completed General Ed with an equivalency certificate <input type="checkbox"/> 06 Completed General Ed with other certificate <input type="checkbox"/> 07 Dropped out of School <input type="checkbox"/> 08 Enrolled in another Public School District in Michigan <input type="checkbox"/> 09 Moved out of State <input type="checkbox"/> 10 Expelled from School</p>	<p><input type="checkbox"/> 11 Enlisted in US Military or Job Corps <input type="checkbox"/> 12 Deceased <input type="checkbox"/> 13 Adjudicated <input type="checkbox"/> 14 Enrolled in Home School <input type="checkbox"/> 15 Enrolled non Public School <input type="checkbox"/> 16 Unknown <input type="checkbox"/> 17 Placed in Recovery or Rehabilitative Program <input type="checkbox"/> 19 Expected to continue in same School District <input type="checkbox"/> 20 Received Certificate of Completion or finished IEP requirements <input type="checkbox"/> 21 Reached maximum age <input type="checkbox"/> 30 Exited Early Childhood or Early On Program & not continuing in District <input type="checkbox"/> Exited prior to beginning IEP</p>

Completed by: _____ Title: _____ Date: _____