

2024-2025 OPS - MCKINNEY-VENTO STUDENT EXIT FORM (ONE FORM PER FAMILY)
(To Be Completed Upon Discharge from Agency or Shelter)

Discharge Date _____

Parent(s) / Legal Guardian(s) _____ Agency Exiting _____

New Address _____ City _____ State _____ Zip _____

New Phone #(s) _____

Permanent address Temporary address

Check here if **NO** forwarding information is known

Student Name _____
Last First School

Student Name _____
Last First School

Student Name _____
Last First School

Student Name _____
Last First School

Student Name _____
Last First School

Student Name _____
Last First School

SCHOOL ATTENDANCE PLANS:

Remain at current school Seeking new OPS school: _____ (Which school, if known)

Left OPS (_____ New School District, if known) School Plans Undetermined

PERTINENT NOTES TO MCKINNEY-VENTO OFFICE:

FAX or EMAIL TO: Rachel Evans – OPS Homeless Education Program: (531) 299-0397 or Rachel.Evans@ops.org

Submitted by (Staff) _____

Phone (Agency) _____

Date ____/____/____

FAX TO: Rachel Evans (rachel.evans@ops.org) - OPS Title I: Homeless Education Program / (531) 299-0397