



*Parents Advancing Choice in Education, Inc.
 40 S. Perry - Suite 120
 Dayton, Ohio 45402
 Phone (937) 228-7223 Fax (937) 226-1887*

EXIT CONFIRMATION FORM

Please complete this form if a scholarship recipient leaves the school, informs the school of plans to leave, or fails to re-register at the school.

1. School Name _____

2. Student Name _____

First Name Middle Initial or Name Last Name

Parent/Guardian Name(s) _____

Address _____ City _____ State _____ Zip _____

Phone _____

3. Student began attending classes during this academic year on ____/____/____

- Student's last day of school _____/____/____
- Total number of days attended _____
- Total number of days in School Year _____

4. Reason for leaving school (check all that apply)

- Moved out of area Graduated from highest grade Academic Difficulties
 Disciplinary problems Could not continue payments Unknown
 Suspension Expulsion
 Other _____

5. If the student was suspended or expelled, please state the reason:

6. Please complete the following chart.

	(A) Tuition	(B) Other Fees
1. Annual Amount		
2. Prorated Amount		
3. Amount Paid by Parent		
4. Amount Paid by PACE		\$0.00
5. Total Amount Paid (= Line 3 + Line 4)		
6. Amount Still Owed (= Line 2 - Line 5)		

 Print name of Principal, Assistant, or equivalent

 Signature of Principal, Assistant Principal, or equivalent

 Title

 Date