

Date Sent: _____

SEQUATCHIE COUNTY SCHOOLS CENSUS INACTIVATION FORM

Student's Name _____ Grade: _____ School: _____

Date of Birth: _____ SPED Teacher: _____

REASON FOR STUDENT INACTIVATION:

- _____ Graduating with Regular Diploma
 - _____ Graduating with Special Education Diploma
 - _____ Graduating with High School Certificate
 - _____ Graduating with Regular Diploma by Fulfilling IEP Requirements
 - _____ Graduating with GED + 2
 - _____ Reached Maximum Age
 - _____ Dropped Out
 - _____ Deceased
 - _____ Moved, Known to be Continuing
 - _____ Transferred to Regular Education
 - _____ Other
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EFFECTIVE DATE OF INACTIVATION:
