



Exit Confirmation Form

D.C. Opportunity Scholarship Program

August 1, 2020 – July 31, 2021

SECTION 1: Complete within ten (10) days if a D.C. Opportunity Scholarship Program (OSP) student is no longer attending the school or has five (5) or more consecutive days of unexcused absences.

SECTION 2: to be completed by Serving Our Children

SECTION 3: Sign **after** final invoicing computations is completed by the OSP Manager, Finance & Operations.

Please fax completed form to (202) 330-5002 or email to robertu@servingourchildrenc.org

Section 1: Report of Student Exit to OSP Administration

Name of Student: _____

Name of Parent/Guardian: _____

Exiting School: _____

1. Last day of attendance: _____
2. If applicable, student never attended in 2018-19:
3. Please select the reason for the exit from your school:

- | | |
|---|---|
| <input type="checkbox"/> Moved out of DC | <input type="checkbox"/> Transportation challenges |
| <input type="checkbox"/> Expense over scholarship stipend | <input type="checkbox"/> Disciplinary reasons / Expulsion |
| <input type="checkbox"/> Family challenges | <input type="checkbox"/> Academic difficulties |
| <input type="checkbox"/> School could not accommodate special needs | <input type="checkbox"/> Parental dissatisfaction with the school |
| <input type="checkbox"/> Other: _____ | |

For Serving Our Children completion

Student #: _____

Grade: _____

Section 2: Computation of Student's final settlement of scholarship

For Serving Our Children completion

Fee Description	Amount	Fee Description	Amount
Tuition	\$	Uniforms	
Registration		Before / After Care	
Activity		Other	
Books			
Cafeteria		Subtotal	\$
Graduation		Paid	
		Total	\$

Section 3: School Certification

I hereby certify that all the information on this form is correct with respect to the dates of enrollment. I hereby accept the computations cited above as the final settlement of all tuitions, charges, and fees incurred for the period of enrollment by the aforementioned student.

Signature of School Official

Name of School Official (Please Print)

Date