**MISSISSIPPI DEPARTMENT OF EDUCATION**

 **OFFICE OF SPECIAL EDUCATION**

**DIRECTIONS FOR COMPLETING THE WITHDRAWAL FORM**

**Student Name:** List the full legal name of the student as it appears on his/her birth certificate. Do not use nicknames.

**Mississippi Student Information System (MSIS) Identification Number/Student Social Security Number:** List the student’s social security number or the student’s MSIS identification number.

**Student Date of Birth:** List the student’s date of birth.

**Date of Withdrawal:** List the date the student withdrew from the nonpublic school.

**Reason for Withdrawal:** Check the reason for the withdrawal.

**Enrollment in Public School District:** List the name of the public school where the school

 records will be sent.

**Aged out:** List the current age of the student.

**Eligibility Ruling Changed or No Longer Eligible under IDEA:** List the new eligibility ruling (Attach Determination of Eligibility) or, if no longer eligible under IDEA, enter “Not Eligible.”

**Other:** List the reason for the withdrawal.

The authorized representative of the nonpublic school must sign and date the form. The form must be submitted to the Mississippi Department of Education ten (10) days from the date of withdrawal.

**Mississippi Department of Education**

**Office of Special Education**

**SPEECH-LANGUAGE THERAPY SCHOLARSHIP**

**(NATE ROGERS)**

**WITHDRAWAL FORM**

Directions: The Official Withdrawal Form must be completed and submitted to the Office of Special Education within ten (10) days from the date of withdrawal from the nonpublic school.

|  |  |
| --- | --- |
| **Name of Student**:  | **MSIS/SS #:**  |
|  |  |
| **Date of Birth:**  | **Date of Withdrawal:**  |
|  |  |

**Reason for Withdrawal:**

 **(Check One) (Please Complete)**

|  |  |  |
| --- | --- | --- |
|  | **Enrollment in Public School District:**  |  |
|  | **Moved Out of State:**  |  |
|  | **Aged Out:**  |  |
|  | **Eligibility Ruling Changed or No Longer Eligible under IDEA:** |  |
|  | **Other (Please Specify):** |  |

**Signature of Authorized Representative Date**

**Name of Nonpublic School**

**Mail to: Mississippi Department of Education**

 **Office of Special Education**

 **P.O. Box 771, Suite 301**

 **Jackson, MS 39205**