



Southern California Children's Scholarship Fund

Return to:
Southern California Children's Scholarship Fund
626 Wilshire Blvd., Suite 515
Los Angeles, CA 90017
Ph: 213-689-8909 or 888-905-9009
Fax: 213-689-8910 or 213-689-8911
E-mail: info@sccsf.org

Exit Confirmation Form

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

1. Student Name _____
First Name
Middle Initial or Name
Last Name

2. Parent/Guardian Name(s): _____

3. Name of School _____

Address _____ City _____ State _____ Zip _____

Phone _____

4. Student began attending classes during this academic year on ___ / ___ / ___

Student's last day of class ___ / ___ / ___ Total number of days attended: _____

Total days in School Year: _____

5. Reasons for leaving school (check all that apply)

Moved out of area Graduated from highest grade offered Academic difficulties

Disciplinary problems Could not continue tuition payments Unknown

Other _____

6. Is this student leaving as the result of a suspension? yes no

If so, why was the student suspended? _____

7. Has this student been expelled? yes no

If so, why? _____

8. Please complete the following chart.

	a) Tuition	b) Other Fees
1. Annual Amount		
2. Prorated Amount		
3. Amount Paid by Parents		
4. Amount Paid by CSF		\$0.00
5. Total Amount Paid (= line 3 + line 4)		
6. Amount Still Owed (= line 2 - line 5)		

Print name of Principal, Assistant Principal, or equivalent

Signature of Principal, Assistant Principal, or equivalent

Title: _____

Date ___ / ___ / ___