



PASS Student Relocation Drop Request

Form C

WASHINGTON STATE PORTABLE ASSISTED STUDY SEQUENCE (PASS) PROGRAM

810-B E. Custer Ave., Sunnyside, WA 98944 • Website: www.MSDR.org
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This form is intended for students who are enrolled in a PASS course and are withdrawing from your school district. All other PASS drops may be completed online through the "View Students" Section of the PASS database.

NAVIGATION

- Online Enrollment
- Test Students Online
- View Student Grades
- Student Alerts
- Detail & Goal Report
- FAQ's

MY ACCOUNT INFO

Username: Heather
Password: *****
Update | Logout
Contact Support

Student Search Screen

Search Search Results

| Student ID | Student Name | Birth Date | Online Testing | Course | Status | Contact | Enroll Date | Drop | Material | PASSport | Shipments |
|------------|-----------------|------------|----------------|-------------------------------------|----------|------------------------|-------------|------|----------|----------|-----------|
| 33333333 | CANTU, MARIO, J | 06/25/1997 | Test List | ENVIRONMENTAL SCIENCE A | Complete | Carol Hansen Devine | 10/06/2012 | | | | |
| | | | | LEARNING ENGLISH THROUGH LITERATURE | Dropped | Carol Hansen Devine | 10/06/2012 | | | | |
| | | | | LEARNING ENGLISH THROUGH LITERATURE | Complete | Carol Hansen Devine | 05/01/2013 | | | | |
| | | | | ENVIRONMENTAL SCIENCE A | Complete | Oscar Carrillo | 08/07/2014 | | | | |
| | | | | ENGLISH IIA 2012 | Complete | Heather Garcia-Mendoza | 10/18/2016 | | | | |
| | | | | ENGLISH IV A | Active | Heather Garcia-Mendoza | 10/25/2018 | X | | | |

DISTRICT/AGENCY INFORMATION (PASS Contact Person must complete and sign below)

Contact Person Name (Print): _____ District/Agency Name: _____

Phone Number: (____) _____ Email: _____

STUDENT INFORMATION

Student Name: _____ Course Name(s): _____

Migrant Student Information System (MSIS) #: _____

DROP INFORMATION

Please select the drop code reason that applies.

- STUDENT RELOCATION:** The student enrolled in the identified PASS course(s) is moving out of my school district, and plans to complete the course at a new location. Note: refer to "If the student moves out of the district" in Success Handbook for helpful information or contact PASS to learn how to facilitate transfer of any remaining course materials.

If known, please indicate the new location:

City/Town: _____ State: _____ Country: _____

School: _____ Phone: _____

- STUDENT MOVED OUT OF DISTRICT:** There is no indication the student plans to complete the course, or student is relocating and plans to complete course in a regular classroom setting at another school.

PASS Contact Person Signature

Date

Electronic Signature: I have reviewed the form and certify that it is correct and accurate. I agree with all the terms and conditions of the form. I agree that my typed signature above will be considered an original signature on the form.