

PASS Student Relocation or Course Drop

Form C

PASS Program (M.E.P. Funded)
810-A East Custer Ave, Sunnyside, WA 98944
1(888)727-7123 ~ Fax: (509)836-8409

(Non M.E.P. Funded) PASS Course Sales
810-C East Custer Ave, Sunnyside, WA 98944
1(888)837-2169 ~ Fax: (509)836-8410

Revised 9/07

DISTRICT INFORMATION (Contact Person must complete and sign below)

Contact Person (print) _____ School District/Agency _____

Telephone _____ Fax _____ E-mail _____

STUDENT INFORMATION

Student Name: _____ Course Name: _____
Last Name First Name Middle Initial

State Student ID Number or SSN: _____ MSIS ID #: _____
Not required for migrant student Required for migrant student

Check one:

STUDENT RELOCATION – Student enrolled in a PASS course 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. If known, please indicate the new location:

City/Town: _____ State: _____ Country: _____

School: _____ Phone: _____

Drop Code Reason

Moved out of district. No indication student plans to complete the course, or student is relocating and plans to complete course in another school.

COURSE DROP – Student enrolled in a PASS course has relocated or will not be completing it. Please circle one of the boxes below to indicate the reason for dropping:

Drop Code Reason

Dropped out of school.

Completed credit through another program. Program: _____

Unmotivated to complete course.

Course was too difficult.

Course returned complete and unused within 30 days of enrollment for partial refund. Refer to Success Handbook for current refund policy for courses paid by non-migrant funding source.

Other. Specify: _____

PASS Contact Person Signature

Date