105 ILCS 5/26-3a

Report of Students Removed From School Rolls

District Name/#: _____

School: _____

Address: _____

_____

Quarterly Report for: (select one)

☐ October 1 ☐ January 1 ☐ April 1 ☐ July 1

Name of Student	Address & City	Date of Birth	Parent or Guardian	Phone #	Date of Removal	Reason Code*	Alternative program offered, if any

*** Reason Code #:**

1 – Lack of attendance and/or interest
2 – Working
3 – Health
4 – Marriage and/or pregnancy
5 – Military Service
6 – Expulsion
7 – Re-enrollment since last reported as dropped on the quarterly report
8 – Other (please state reason)

_____

Signature of School Official

_____

Position

_____

Date Received by NCISC
(to be completed by NCISC staff)