

SENIOR TRANSITION/EXIT FORM

Student: _____

_____/_____/_____
DATE

Checklist: To be completed before the student's last day

College Bound	Work Force
<input type="checkbox"/> Submitted at least 2 college applications by Christmas	<input type="checkbox"/> Completed at least 2 applications
<input type="checkbox"/> All required paperwork submitted	<input type="checkbox"/> Completed Resume
<input type="checkbox"/> ACT	<input type="checkbox"/> 2 Reference Letters/Contacts
<input type="checkbox"/> FAFSA application	
<input type="checkbox"/> AR Challenge Scholarship	
<input type="checkbox"/> Completed Resume	Military Assignment
<input type="checkbox"/> Applied for at least 2 local scholarships	<input type="checkbox"/> Branch:

To be completed or obtained before graduation.

Personal/School Related
<input type="checkbox"/> Copy of Birth Certificate
<input type="checkbox"/> Social Security Card
<input type="checkbox"/> Driver's Permit/License
<input type="checkbox"/> Health Insurance Card
<input type="checkbox"/> Checking/Savings Acct
<input type="checkbox"/> Completed Voter Registration
<input type="checkbox"/> Selective Service- males, 18 yrs
<input type="checkbox"/> Thank You Letter
<input type="checkbox"/> All Fines Paid
<input type="checkbox"/> All Books Returned

*You will receive one official copy of your transcript upon completion of high school. Other copies can be obtained through the high school office.

Student's Future Goals/Objectives: (Write a brief description of the student's short-term and long-term plans/goals/objectives for the future. Include in this higher education, work/career path, or military branch.)

After reviewing the student's goals and completion of the transition/exit form, the team agrees that the student has adequately fulfilled the criteria and goals set for him/her and is ready to exit the district.

AOA TRANSITION TEAM

Name	Position	Name	Position
_____	PARENT OR GUARDIAN	_____	SCHOOL ADMINISTRATOR
_____	STUDENT	_____	SCHOOL COUNSELOR
_____	ALE REPRESENTATIVE	_____	OTHER PERSONNEL

Additional Contact Information:

Email: _____

Contact (other than self): _____

Phone # _____ **Relation:** _____

Phone # _____ **Relation:** _____

Are you on any online social media platforms, and if so, which?

Would you be interested in adding your name to an alumni group? Yes No