



# Maryland Student Exit Record

(Maryland State Department of Education, Student Record Card 7)

MONTGOMERY COUNTY PUBLIC SCHOOLS  
Rockville, Maryland 20850

**MCPS Form SR-7**  
**February 2016**

Name and Address—Sending School	INSTRUCTIONS: This record is to be completed, for the current school year, by the sending school and a <b>copy should be provided to the parent/guardian to hand-carry to the receiving school.</b> All official records for transferring student should be faxed, mailed, or sent electronically upon receipt of an official request.
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School Office and Guidance Phone Numbers	Student's Legal Name	Parent/Guardian Name	Date of Birth (mm/dd/yy)	Withdrawal Date (mm/dd/yy)	Grade in School
	Local I.D. Number				
Fax Number	State I.D. Number				

Is student in compliance with Maryland immunization requirements? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>DHMH 896, or printout of computer generated record, must be attached</b> Blood Lead Screening (if required) <input type="checkbox"/> Yes <input type="checkbox"/> No Physical Exam <input type="checkbox"/> Yes <input type="checkbox"/> No Does the student require any special health consideration? <input type="checkbox"/> Yes <input type="checkbox"/> No (i.e., medication, allergies, etc.) If yes, please list:	Is student receiving any of the following services: Special Education <input type="checkbox"/> Yes <input type="checkbox"/> No (if yes, attach copy of current IEP) Related Services <input type="checkbox"/> Yes <input type="checkbox"/> No (if yes, attach copy of current IEP) Section 504 <input type="checkbox"/> Yes <input type="checkbox"/> No (if yes, attach copy of current 504 plan) ESOL/ELL <input type="checkbox"/> Yes <input type="checkbox"/> No Gifted and talented/honors program <input type="checkbox"/> Yes <input type="checkbox"/> No Other supplemental programs <input type="checkbox"/> Yes <input type="checkbox"/> No (if yes, attach description)
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### CURRENT INSTRUCTIONAL PROGRAM

Subject	Elementary: Enter Text Title and Level Secondary: Enter Course Title	Grades for Current Marking Period*	Comments (Include special program/services, integrated programs, text series, instructional level, etc.)
Reading			
English/Language Arts			
Social Studies			
Science			
Mathematics			
Foreign Language			
Physical Education/Health			
Art			
Music			
Technology Education			
Career and Technology Education			
Government			

\*Attach the most recent report card, transcript and grading scale. If grade scale is other than A-D=Passing, E/F=Fail, provide key

Disciplinary Status as of Exit Date: Is student not attending school due to disciplinary action? <input type="checkbox"/> Yes <input type="checkbox"/> No Current School Year Attendance _____ Days Present _____ Days Absent as of date ____/____/____	<b>Graduation Requirements—Check if completed (Indicate Score or Bridge Plan):</b> _____ English _____ Algebra _____ Biology _____ Government _____ <b>Service Learning:</b> Number of Hours
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Comments, interests, clubs, etc., which may determine initial program placement.	Contact person for additional student information: Name/Title: _____ Telephone _____-_____-_____ _____ <i>Certifying Signature, School Principal/Designee/Title</i> _____ <i>Telephone</i> _____
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