

FORM 1350 - STUDENT INFORMATION SHEET FOR A CLOSING SCHOOL

No Fee

NAME OF SCHOOL	
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When a school ceases operations, complete this form for each student who has been in attendance within the previous ninety (90) calendar days of the date of the school closing.

(Lines will expand as needed)

STUDENT'S LAST NAME		STUDENT'S FIRST NAME	
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MAILING ADDRESS		CITY	
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STATE		ZIP		PHONE NUMBER	
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Last (4) Digits of Social Security Number	
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NAME OF PROGRAM IN WHICH STUDENT IS ENROLLED	
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Total Cost of Program		Total Number of Hours in Program		<input type="checkbox"/> Clock	<input type="checkbox"/> Credit
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Total Number of Hours Student Has Completed	
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Tuition Earned		Total Monies Earned	
Registration Fee		Total Monies Paid	
Books and Supplies		Balance Due to School	
Other Expenses		Refund Due to Student	

ATTACH A CURRENT TRANSCRIPT FOR THIS STUDENT. ON PAGE 2 OF THIS FORM, LIST THE COURSES THE STUDENT HAS NOT COMPLETED.

STATEMENT OF COMPLIANCE

Under penalty of perjury, I declare and affirm that the statements made on this form, including any attached sheets, are true, complete, and accurate.

Printed Name of Official		Title	
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Signature of Official (Sign in Blue Ink)		Date	
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