



Program Exit Form

This form is to be used for students who have transferred out of current school, dropped out of school or have chosen to no longer participate in the Montana Educational Talent Search program.

Please Print Clearly

Last: _____ First: _____ M.I.: _____

Date of Birth: _____ School: _____

Student Cell Number: _____ Student Email: _____

Reason for exiting ETS Program

Dropped out Transferred out No longer wishes to participate

PCA Section

Verified with school office personnel Deactivated in Blumen

Date enrolled in ETS Program: _____

Date exited ETS Program: _____

PCA Print Name: _____

PCA Signature: _____ Date: _____

Helena Office Section

Checked Blumen for Deactivation

Director Name: _____

Director Signature: _____ Date: _____