



MEMORANDUM  
Department of Consultant Services

- **Note:** Please complete and fax this form to MISD Bilingual Program @ fax 586/ 286-2809.

**INACTIVE STUDENT**

**From:** \_\_\_\_\_  
School Personnel

**To:** Dr. Su McKeithen-Polish  
MISD Bilingual Education /Title III Consultant

**Date:** \_\_\_\_\_

**Re: Inactive Student:**

**Student Name:** \_\_\_\_\_

**Student MISD #** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**School/District:** \_\_\_\_\_

**Reason:** (Please check one)

- Moved to** \_\_\_\_\_  
(New School/New District's Name)
- Parents Refusal** (attached with Parents Refusal Letter – signed by parent and school principal)
- Proficient WIDA ACCESS**
- Student Dropped** the MISD Bilingual Education Program.

**MISD Tutor's Name:** \_\_\_\_\_