



# Lee/Ogle Regional Office of Education

*Reaching Out to Educate  
...inspire and achieve...*

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## Letter of Separation for Graduation Incentive Program

Date: \_\_\_\_\_  
 Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Student signature: \_\_\_\_\_  
 Parent signature: \_\_\_\_\_

This statement certifies that the above named student was enrolled and has been officially separated from \_\_\_\_\_ (name of school) on \_\_\_\_\_ (date). This separation is due to:

List reason(s) for separation:	List interventions to retain student:

This student  HAS/  HAS NOT passed the U.S. Constitution Test. The tests were passed on \_\_\_\_\_ (date).

Certified By:

School:	
Address:	
Telephone Number:	
Signature:	
Printed Name:	
Title:	
Date:	