

Gull Lake Virtual Partnership Exit Form

Student Name:	
Current School Year : Current Grade Level:	-
Please choose and complete <u>one</u> of the following:	
☐ My student is returning to our home school program as of	_ (date) and wil
 My student is graduating/graduated from our homeschool program on	
☐ My student is going to another school:note school)	(please
Parent Name:	
Parent Signature:	
Date:	
Return to Cindy Belz at Gull Lake Administration Building mail: 10100 E D Avenue, Richland MI 49083 fax: (269) 548-3401 email: cbelz@gulllakecs.org	