

Report of Student Death

School: _____ Date of Death: _____

Student Name: _____ Grade: _____

Student ID: _____ Birthdate: _____

Guardian Name: _____ Phone: _____

Student's Address: _____

Student's Cause of Death: _____

Action Items:

- Enter "DE" Code in Skyward.
- Contact Information Systems to disable any upcoming messages or pre-transfer records.
- Send copy of form to Planning and Student Services Department, District Office (within 14 days.)

Additional Notes (if necessary): _____

Form filled out by: _____ Position: _____