



# Vancouver Island North School District No. 85

PO Box 90, Port Hardy, BC V0N 2P0  
Tel: (250) 949-6618 Fax: (250) 949-8792

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## ELL/ESD EXIT Form

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Current School: \_\_\_\_\_

Number of years student received service: \_\_\_\_\_

### This Student's ELL/ESD file has changed for the following reason:

Moved in District \_\_\_\_\_  
New School (if known)

Moved out of district \_\_\_\_\_  
New District (if known)

Exit after 5 years (no longer receiving service. The file will now be closed.)

Exit after 5 years (still requires support and is receiving it. Not funded.)

Parents/Student have declined services (signed parent waiver form required)

Other \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Specialist

\_\_\_\_\_  
Date