

LAKE ORION COMMUNITY SCHOOL DISTRICT EXIT SURVEY

Lake Orion Community Schools is constantly striving to improve the quality of the educational services we provide. Consequently, we are very interested in fully understanding why students/parents leave the district. The district is interested in your opinions about the quality of your child's educational experience. To that end, we would appreciate your completing this survey and returning it via fax: 248-693-5317, email: Alison.Doane@lok12.org or by mail to LOCS, Central Enrollment, Room 110, 455 E. Scripps Rd, Lake Orion, MI 48360. Additionally, we would welcome the opportunity to contact you to find ways of improving on any identified areas of weakness. If you wish us to contact you, please include your name and number at the end of this survey. (Your name will not be included in the comments shared with the school or public. Information that personally identifies individuals will not be available for public review. Thank you in advance for your time and effort.)

DATE: _____ SCHOOL WITHDRAWING FROM: _____

STUDENT NAME: _____ GRADE: _____

ADDRESS: _____

MOTHER'S NAME: _____ MOTHER'S PHONE#: _____

FATHER'S NAME: _____ FATHER'S PHONE# _____

REASON FOR WITHDRAWAL

(Please check the appropriate box below)

- Remaining in Lake Orion _____
New School *District*
- Moving out of Lake Orion _____
New School *District*
- Other (please specify) _____

Overall, I found my child's educational experience:

(Very dissatisfying) ○ ○ ○ ○ ○ (Very satisfying)

Please write comments on your level of satisfaction with Lake Orion Community Schools and programs regarding our schools successes and/or failures in meeting your family's expectations:

Yes, please contact me: _____
Name *Phone*