

### INSTRUCTIONS

Early Commitment Advisors should complete this form to indicate a change in student's program status or contact information. Complete only the applicable sections.

### SECTION 1 | Student Information

**\*Required Fields**

Student First Name\* Student MI Student Last Name\*

Date of Birth (MM/DD/YYYY)\* Grade Level\*

Student's Year in SOAR Scholars Program (at the time of change)\* Name of School (where student began SOAR Scholars)\*

### SECTION A | Change in Status (if applicable)

The student moved and now attends: a Non-SOAR Scholars School another SOAR Scholars School

\_\_\_\_\_  
New School Name (if known)

\_\_\_\_\_  
New Advisor Name (if applicable)

The student dropped out of school.

The student is no longer interested in participating.

The student was expelled from school/SOAR Scholars Program

### SECTION B | Change in Contact Information (if applicable)

\_\_\_\_\_  
New Mailing Address

\_\_\_\_\_  
New City, State, Zip Code

\_\_\_\_\_  
New Phone Number  Cell  Home

\_\_\_\_\_  
New Secondary Phone Number  Cell  Home

\_\_\_\_\_  
New Email Address  Student  Parent

\_\_\_\_\_  
Early Commitment Advisor Signature

\_\_\_\_\_  
Date

#### SUBMIT COMPLETED FORM TO:

SOAR Virginia, 9001 Arboretum Parkway, North Chesterfield, Virginia 23236  
Fax: 866-757-1295

**Virginia529**