ENTERS, LEFTS, TRANSFERS

START THIS FORM AT LEAST 5 DAYS PRIOR TO COUNT DATE

School Year: _____ **Count Date:** _____

District: _____ **Building:** _____

Please list students alphabetically by grade.

Name of Pupil	Grade	First Day Attended Class	Last Day Attended Class	Date Transferred	Explanation

_____ _____

Signed **Date**

8/2021