

Career Center Pupils Form

_____ Our building has no Career Center students.

School Year: _____	School District: _____
Count Day: _____	Bldg/Program: _____
School Code: _____	Bldg. Code: _____

PUPIL NAME	GRADE LEVEL	COURSE	MEETING TIME/DAY	TOTAL DAYS OF INSTRUCTION	TOTAL HOURS OF INSTRUCTION	FTE MEMBERSHIP REPORTED
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
13.						
14.						
15.						
TOTAL FTE						

I certify that this is a true and accurate list of eligible public or nonpublic Career Center FTE memberships reported for State Aid.

Signature/Title of Authorized Representative

Date