

IN-SCHOOL SUSPENSION PUPIL FORM

LIST OF ENROLLED PUPILS

District: _____

School Year: _____

Building/Program: _____

Count Day: Fall Spring

INSTRUCTIONS:

Complete the following for all pupils who have been in-school suspended on Count Day, and are receiving instruction, and marked appropriately in scheduled class claimed for FTE on the Official Membership Report. Indicate requirements with Y/N.

	Name (Last, First, MI)	Grade	Hour	Attendance taken by certified in-school suspension teacher	marked absent by scheduled teacher	Credit toward diploma	FTE Membership Reported
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
11.							
12.							
13.							
14.							
15.							
16.							
17.							
18.							
19.							
20.							

I certify that this is a true and accurate list of all suspended pupils on Count Day.

Authorized Representative

Date