

**PUPIL ACCOUNTING REQUIRED DOCUMENTATION CHECKLIST
ELEMENTARY LEVEL**

DISTRICT: _____

BUILDING: _____

COUNT DAY: _____

PRIOR TO COUNT DAY-Sent in by District Secretary

- _____ Scheduled Days-Kindergarten
 - _____ Scheduled Days-grades 1-12 and Special Ed
 - _____ Scheduled Daily Clock Hours-Kindergarten
 - _____ Scheduled Daily Clock Hours-Grades 1-12 and Special Ed
 - _____ Scheduled Daily Clock Hours-Professional Development
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- _____ Student Alpha List
 - _____ FF214
 - _____ MSDS Alpha List
- _____ Count Day Absence List
- _____ Add & Drop Record
- _____ Birth Certificate Affidavit
- _____ Birth Certificate Verification
- _____ Homebased Mandatory Expulsion vs. District Policy
- _____ Homebased Teacher Instruction Form
- _____ Homebound & Hospitalized Pupil List
- _____ Homebound & Hospitalized Teacher Instruction Form
- _____ Written Certification from Physician for Homebound/Hospitalized
- _____ Part Time Pupils
- _____ Proof of 75% Attendance
- _____ Residency-Dual Residency
- _____ Residency-Home of Relative
- _____ Residency-School of Choice
- _____ Residency-Verification Affidavit
- _____ Special Education Worksheet A
- _____ Special Education Worksheet B
- _____ Suspended & Expelled Students (45 days)
- _____ DS4061

FALL COUNT ONLY

- _____ District or Building/Program Calendar
- _____ District/Building Attendance Policies
- _____ Excused Absence Policy

FALL COUNT ONLY-RETAIN IN BUILDING

- _____ Master Schedule of Teachers (room number, class times, lunch breaks)

Please return this form with your required paperwork. Check off items as you complete your forms for submission. If an item does not pertain to your building, you can note "N/A" next to that item. **DO NOT** submit forms that do not apply to your program. Each line item should contain either a "check mark" or "N/A".

The principal's signature verifies that all required forms have been submitted and that the line items marked as "N/A" do not apply to this program.

Principal's Signature

Date