

**PUPIL ACCOUNTING REQUIRED DOCUMENTATION CHECKLIST  
MIDDLE SCHOOL**

**DISTRICT:** \_\_\_\_\_

**BUILDING:** \_\_\_\_\_

**COUNT DAY:** \_\_\_\_\_

**PRIOR TO COUNT DAY-Sent in by District Secretary**

- \_\_\_\_\_ Scheduled Days-grades 1-12 and Special Ed
- \_\_\_\_\_ Scheduled Daily Clock Hours-Grades 1-12 and Special Ed
- \_\_\_\_\_ Scheduled Daily Clock Hours-Professional Development

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- \_\_\_\_\_ Student Alpha List
    - \_\_\_\_\_ from Student Management System
    - \_\_\_\_\_ 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
  - \_\_\_\_\_ Independent Study Pupils
  - \_\_\_\_\_ Written Certification from Physician for Homebound/Hospitalized
  - \_\_\_\_\_ Part Time Pupils
  - \_\_\_\_\_ Print-out of Count Day Schedules for each student
  - \_\_\_\_\_ 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
  - \_\_\_\_\_ Split Schedule List of Pupils
  - \_\_\_\_\_ 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)
- \_\_\_\_\_ Board Approved List of Classes

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