

GENESEE ISD SEAT TIME WAIVER - LIST OF ENROLLED PUPILS

ISD / District: _____ / _____

School Year: _____

Bldg./Program: _____

Count Date: Fall Spring Other

of courses equal to Full Time FTE: _____

INSTRUCTIONS: Complete this form for all pupils receiving a seat time waiver. List ALL classes for which the student is scheduled and enrolled. Please indicate requirements with a Y/N.

Pupil Name	Grade	Course Title(s)	Check if this is traditional class taken at building	Category						Enrolled through WAY Program	Enrolled through GenNET	10 day log-in available	Certified Mentor weekly contact (Y/N)	TOTAL FTE (or FTE for each class)
				Suspended or Expelled	Postsecondary Courses	Non-CTE programs Work-based Learning	Virtual Education							
1.		1												
		2												
		3												
		4												
		5												
		6												
		7												
2.		1												
		2												
		3												
		4												
		5												
		6												
		7												
3.		1												
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5.		1												
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		3												
		4												
		5												
		6												
		7												

I certify that this is a true and accurate list of pupils receiving a Seat Time Waiver. All classes included in the Seat Time Waiver are teacher led. Approved District Guidelines for Seat Time Waivers have been followed.

Authorized Signature

Title