5-B: COOPERATIVE EDUCATION PUPIL LIST

| District |  | School Year |  |  |
| :--- | :--- | :--- | :--- | :--- |
| Building \& CE Program |  | Count Day | October |  |
|  |  | February |  |  |

I certify that this is a true and accurate list of all eligible FTE reported for pupils enrolled in a Cooperative Education Program as of count day. Please use a separate list for each Cooperative ed program the District participates in.

INSTRUCTIONS: Complete this form for all resident pupils who attend one or more local school districts for Cooperative Education Programs.

| Last Name | First Name | $\begin{aligned} & \frac{0}{0} \\ & \frac{\pi}{0} \end{aligned}$ | Agreement on File? |  | Attendance Verified? |  | Travel <br> Time | Name of Other District | Hours of Instruction |  |  | FTE Reported |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  | Yes | No | Yes | No |  |  | Resident | Educating | Total | Resident District | Educating District |
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| Last Name | First Name | $\begin{aligned} & \frac{0}{0} \\ & \frac{\pi}{0} \\ & \hline \end{aligned}$ | Agreement Attendance <br> on File? Verified? |  |  |  | $\begin{array}{\|c\|} \hline \text { Travel } \\ \text { Time } \\ \hline \end{array}$ | Name of Other District | Hours of Instruction |  |  | FTE Reported |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  | Yes | No | Yes | No |  |  | Resident | Educating | Total | Resident District | Educating District |
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