1-G: DROP/ADD RECORD **REQUIRED**

			KE	שב	IKE	ט		
District						School Year		
Building						Count Day	October	
						Count Day	February	
I certify that	t this is a true and accur	rate report of the Drop/A	dd Reco	ord.				
Authorized Representative Signature						Title	Date	
		This form must	be mair	ntain	ed fo	or Audit and Retention.		
Name (Lega	l Name); Student's preser	nt Grade Level; Place an ".	X" in the	Tran /ing t	sfer I	Date is the pupils first day of schoon or Transferred Out box; When Trudent.(Print for the auditor one weet	ansfer in Which District did th	ie
Enrollment- Exit Date	Last Name	First Name	Grade Level	Transfer In	Transfer O	District-School Sending	District-School Receiving	g

Enrollment- Exit Date	Last Name	First Name	Grade Level	Transfer In	Transfer Out	District-School Sending	District-School Receiving