

PINELLAS COUNTY SCHOOLS
EDUCATIONAL ALTERNATIVE SERVICES - STUDENT REGISTRATION, TRANSITION & WITHDRAWAL FORM

School year _____ Program _____ Semester _____
 Teacher _____ Group _____ Grade _____

A. STUDENT INFORMATION

Last Name _____ **First Name** _____ **Middle** _____ **Entry Date** _____
 Student ID # _____ Age _____ Sex Male Female **Entry Code** _____
 Race _____ Hispanic Non-Hispanic Is student homeless? Yes No
 Date of Birth _____ Birth Place _____
 EL ESE 504 NA Date Specialist Notified _____ Exceptionality Select Exceptionality
 Student Address: _____
 City _____ State _____ Zip _____
 Parent Guardian Parent/ Guardian Name _____
 Home phone # _____ Work Phone # _____ Cell phone # _____
 Email address _____

B. SCHOOL INFORMATION

Last school _____ County _____ Cohort _____ Last year attended _____
 Transcript needed Yes No Date requested _____ EAS request records Yes No
End Of Course (EOC) Administered:
 Algebra I (HS) Pass Fail Awaiting Results **Civics (MS)** Pass Fail Awaiting Results
American History Yes No **Algebra II** Yes No **Biology** Yes No **Geometry** Yes No

C. STUDENT SCHEDULE

P d	Course Name	Course #	Grading period				Online Instruction	% Online completed	Exam Grade	Final Grade	Credit Earned
			1	2	3	4					
1							<input type="checkbox"/> Yes <input type="checkbox"/> No				
2							<input type="checkbox"/> Yes <input type="checkbox"/> No				
3							<input type="checkbox"/> Yes <input type="checkbox"/> No				
4							<input type="checkbox"/> Yes <input type="checkbox"/> No				
5							<input type="checkbox"/> Yes <input type="checkbox"/> No				
6							<input type="checkbox"/> Yes <input type="checkbox"/> No				
7							<input type="checkbox"/> Yes <input type="checkbox"/> No				
8							<input type="checkbox"/> Yes <input type="checkbox"/> No				

Withdrawal grades Final Partial Schedule only (attended less than 10 days) Program GPA _____

D. STUDENT SUBJECT PROGRESS FOR PRETEST AND PRE TO POST TEST

Reading pretest outcome	Select one	Reading progress - pre to post test	Select one
Math pretest outcome	Select one	Math progress - pre to post test	Select one
Writing pretest outcome	Select one	Writing progress - pre to post test	Select one

E. STUDENT WITHDRAWAL INFORMATION

Program exiting to _____
 Program Address _____
 Program contact _____ Contact title _____ Phone # _____ Fax # _____
 Days absent _____ Teacher _____ Phone # _____ Fax # _____
 School /Program _____ **Withdrawal Date** _____
 Withdrawn to district _____ **Withdrawal Code** _____

F. DOCUMENTS REQUESTED

Date Sent _____ Career Assessment EL Plan FBA / PBIP
 Home Language IEP Last Report Card PMP Portfolio
 Survey
 Pre-GED Scores Transcript W3A Transcript W3B Transition Plan Other

G. COMMENTS

Prepared by _____ Date _____