

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** _____
Student Address: _____
City _____ **State** _____ **Zip** _____
Student Cell phone # _____ **Student Email address** _____
 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:

Civics (MS) Pass Fail Awaiting Results *Algebra I (HS)* Pass Fail Awaiting Results *Fast Best* Pass Fail Awaiting Results

Biology Yes No **Geometry** Yes No **U.S. History** Yes No **FCLE** Yes No

C. STUDENT SCHEDULE

P d	Course Name	Course #	Grading period				Blended Learning	% Course 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)

D. STUDENT SUBJECT PROGRESS FOR PRETEST AND POST TEST (Only Neglected and Delinquent Programs)

Reading pretest outcome _____ **Reading progress - post test** _____
Math pretest outcome _____ **Math progress - post test** _____

E. STUDENT WITHDRAWAL INFORMATION

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Withdrawn to district _____ **Withdrawal Code** _____

F. DOCUMENTS REQUESTED

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

G. COMMENTS

Prepared by _____ **Date** _____