

Pulaski County Public Schools
Pulaski, Virginia

Student Entry/Exit Record

Today's Date:

Full name of student/forwarding address:

Birth date: Age: Student ID # STI #: Records request date:

Grade Level: Choose an item. Graduation Year: Summer transaction:

Date of entry/enrollment: Entry Code: Choose an item. Grad Plan Code:

Date of exit/transfer: Exit Code: Choose an item. W8 Reason:

School transferring from: School transferring to:

State transferring to/from:

Days present: Days absent: Times tardy:

Parent/Guardian name: # of children of school age:

Teacher's name: Teacher comments:

Title I Student: Choose an item.

Other special programs (gifted, IEP, 504 plan.): Choose an item.

Library book/s overdue (Title and Author):

Library/Other textbook fee/s due:

Other textbooks (Title and Author):

Full Time Virtual Program:

Medications/medical concerns:

Military Connected Student Code:

PK Experience Code:

PK Weekly Time Code:

Reason for leaving/transfer:

Family relocating	Job related	Failing classes
Custody	Illness	15+ days absent
Administrative or disciplinary	Age/Turned 18	Other

Please explain choice: