

STUDENT TRANSPORTATION AND COMPULSORY INSTRUCTION ATTENDANCE ROSTER

SCHOOL NAME: _____

SCHOOL YEAR: _____

ADDRESS: _____

CITY, STATE: _____

ZIP: _____

CONTACT PERSON: _____

EMAIL: _____

PHONE #: _____

<p>I certify that the information on this form is accurate and that other supporting documents are on file and available for audit. I also certify that all supporting documents comply with guidelines provided.</p> <p>_____ Oct 15 School Official Signature</p> <p>_____ May 15 Signature resubmitted with attendance</p>	<p>Submit this information by October 15 to:</p> <p>Westonka Public Schools Attn: Student Accounting 5901 Sunnyfield Rd E, Suite A Minnetrista, MN 55364</p> <p>Phone: 952-491-8024 Fax: 952-491-8012</p> <p>Email: marcyl@westonka.k12.mn.us</p>	<p>Update and resubmit this information by May 15</p> <p>Please project attendance to the end of the school year</p>
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Student's Name (Alpha)	Birth Date	Grade	Parent Info	Address/City/ZIP	School Arranged	Parent Provided	Other	Parent Request On File	Days Attended

Residency approved as submitted or revised _____
 District Signature

_____ Date

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