

Pupil Enrollment Count Date
2017 October Count

Student Name: _____

Course Title: _____

Instructor Name: _____

Term: _____

The above named student is currently enrolled in Jefferson County R-1 School District. In order to collect reimbursement funds from the State of Colorado, attendance verification is required for classes at the institution of higher education.

Please initial on the lines provided next to the days on which the above named student attended the course listed above.

Sept. 25 _____
 Sept. 26 _____
 Sept. 27 _____
 Sept. 28 _____
 Sept. 29 _____
 Oct. 2 _____
 Oct. 3 _____
 Oct. 4 _____
 Oct. 5 _____
 Oct. 6 _____
 Oct. 9 _____

I, the undersigned, attest that the student named above has attended on the days evidenced by my initials during the pupil enrollment count period.

Authorized Representative Signature: _____

Date: _____

Title: _____

Authorized Representative may include a course instructor or other district or institution employee.