STUDENT NAME, LEGAL (Last, First, Middle):

ADDRESS (Use pencil):

BIRTHDATE: ____/____/____

BIRTHPLACE:

BIRTHDATE VERIFICATION CODE: _____

SEX: M ☐ F ☐

ETHNIC: ☐ Latino or Hispanic

RACE (all that apply): ☐ White ☐ Black or African Am. ☐ Asian ☐ American Indian/Alaskan Native ☐ Native Hawaiian or Other Pacific

CURRENT SCHOOL (Use pencil in this space, until final):
NAME:
STREET:
CITY:

DISTRICT SCHOOL BOARD
OF PASCO COUNTY
GRADES 9 - 12 PERMANENT RECORD CARD
CATEGORY A - Education Records

PARENT/GUARDIAN NAME (Use pencil): Code

DATE FIRST ENTERED THIS DISTRICT: ____/____/____

DISTRICT STUDENT NUMBER:

ENTRY/REENTRY DATE(S):

WITHDRAWAL DATE(S):

FLORIDA STUDENT NUMBER:

SOCIAL SECURITY NUMBER: _____ - _____ - _____

School Name:				School No.:		School Name:				School No.:	
District No.:	Grade Level:	School Year: -	Days Present:	Days Absent:		District No.:	Grade Level:	School Year: -	Days Present:	Days Absent:	
Term:	Course No.:	Course Title:		Grade:	Credit:	Term:	Course No.:	Course Title:		Grad:	Credit:
Dist. GPA: Trm _____ Trm _____ Trm _____ Cum _____ Total Cr Ernd:						Dist. GPA: Trm _____ Trm _____ Trm _____ Cum _____ Total Cr Ernd:					

School Name:				School No.:		School Name:				School No.:	
District No.:	Grade Level:	School Year: -	Days Present:	Days Absent:		District No.:	Grade Level:	School Year: -	Days Present:	Days Absent:	
Term:	Course No.:	Course Title:		Grade:	Credit:	Term:	Course No.:	Course Title:		Grade:	Credit:
Dist. GPA: Trm _____ Trm _____ Trm _____ Cum _____ Total Cr Ernd:						Dist. GPA: Trm _____ Trm _____ Trm _____ Cum _____ Total Cr Ernd:					

STUDENT NAME, LEGAL (Last, First, Middle):	ADDRESS (Use pencil):	BIRTHDATE:	SOCIAL SECURITY NUMBER:	PASCO COUNTY STUDENT NUMBER:
		____ / ____ / ____	____ - ____ - ____	

School Name:				School No.:	School Name:				School No.:
District No.:	Grade Level:	School Year: -	Days Present:	Days Absent:	District No.:	Grade Level:	School Year: -	Days Present:	Days Absent:

Term:	Course No.:	Course Title:	Grade:	Credit:	Term:	Course No.:	Course Title:	Grade:	Credit:

Dist. GPA: Trm _____ Trm _____ Trm _____ Cum _____ Total Cr Ernd:

Dist. GPA: Trm _____ Trm _____ Trm _____ Cum _____ Total Cr Ernd:

ADDITIONAL TEST DATA (PSAT, PACT, SAT, ACT, etc).

PASCO COUNTY, FLORIDA **GRADUATION INFORMATION (PRINT AND AFFIX LABEL HERE):**

Student Name:

School of Graduation:

Graduation/Completion Date:

Diploma Description (Type):

Diploma Code:

Diploma Designation(s):

District GPA:

State GPA:

Rank:

Number in Class:

Grad. Test(s) - Name/Date/Score:

Transcript(s) Sent to: Date: / / Date: / /