

STUDENT NAME, LEGAL (Last, First, Middle):			ETHNIC: <input type="checkbox"/> Latino or Hispanic			DISTRICT SCHOOL BOARD OF PASCO COUNTY GRADES PK-5 PERMANENT RECORD CARD CATEGORY A - Education Records			DATE FIRST ENTERED THIS DISTRICT: ____/____/____		FLORIDA STUDENT NUMBER: _____	
ADDRESS (Use pencil): _____			RACE (all that apply): <input type="checkbox"/> White <input type="checkbox"/> Black or African Am.						<input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Native Hawaiian or Other Pacific		DISTRICT STUDENT NUMBER: _____	
BIRTHDATE: _____ BIRTHDATE VERIFICATION: _____ SEX: <input type="checkbox"/> M <input type="checkbox"/> F BIRTHPLACE: _____ CODE: _____ <input type="checkbox"/> <input type="checkbox"/>			CURRENT SCHOOL (Use pencil in this space, until final): NAME: _____ STREET: _____ CITY: _____			PARENT/GUARDIAN NAME (Use pencil): Code _____			ENTRY/REENTRY DATE(S): ____/____/____ ____/____/____ ____/____/____ ____/____/____		WITHDRAWAL DATE(S): ____/____/____ ____/____/____ ____/____/____ ____/____/____	

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

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

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

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