

GENESEE ISD SEAT TIME WAIVER - LIST OF ENROLLED PUPILS

ISD / District: _____ / _____

School Year: _____

Bldg./Program: _____

Count Date: Sept. Feb. Other

of H.S. courses equal to Full Time FTE: _____

INSTRUCTIONS: Complete this form for all pupils receiving a seat time waiver. List all scheduled classes taken by the student. Please indicate requirements with a Y/N.

Pupil Name	Grade	Credit Granted (Y/N)	Course Title(s)	Check if this is traditional class taken at HS	Category					Instructor Led	Certified Mentor weekly contact (Y/N)	FTE for each class (or total FTE)
					Suspended or Expelled	Postsecondary Courses	Non-CTE programs Work-based Learning	Virtual Education				
1.		1										
		2										
		3										
		4										
		5										
		6										
		7										
2.		1										
		2										
		3										
		4										
		5										
		6										
		7										
3.		1										
		2										
		3										
		4										
		5										
		6										
		7										
4.		1										
		2										
		3										
		4										
		5										
		6										
		7										
5.		1										
		2										
		3										
		4										
		5										
		6										
		7										

I certify that this is a true and accurate list of pupils receiving a Seat Time Waiver. All classes included in the Seat Time Waiver are scheduled through GenNET. Approved District Guidelines for Seat Time Waivers have been followed.

Authorized Signature

Title