

LOCATION OF OTHER STUDENT RECORDS NOT IN CUMULATIVE FILE

STUDENT'S NAME _____

PARENT/GUARDIAN'S NAME _____

SCHOOL _____

DIRECTIONS: Please check location of other student records.

BUILDING														
SCHOOL YEAR														
GRADE	PRE K	K	1	2	3	4	5	6	7	8	9	10	11	12
GEN ED CLASSROOM TEACHER'S FILE														
PRINCIPAL'S OFFICE														
GUIDANCE OFFICE														
NURSE'S OFFICE														
SPECIAL EDUCATION PROGRAM														
TITLE I PROGRAM														
COOPERATIVE PROGRAMS (IDENTIFY) _____														
OUT OF DISTRICT PROGRAM (IDENTIFY) _____														
RELATED SERVICES PROGRAM (IDENTIFY) _____														
RESOURCE OFFICER														
OTHER SERVICES. (IDENTIFY) _____														