

# VIRTUAL LEARNING - LIST OF ENROLLED PUPILS

ISD / District: \_\_\_\_\_ / \_\_\_\_\_

School Year: \_\_\_\_\_

Bldg./Program: \_\_\_\_\_

Count Date:  Fall  Spring  Other

# of courses equal to Full Time FTE: \_\_\_\_\_

**INSTRUCTIONS:** Complete this form for all pupils receiving virtual learning opportunities. List ALL classes for which the student is scheduled and enrolled. Please indicate requirements with a Y/N.

Pupil Name	Grade	Course Title(s)	Check if this is traditional class taken at building	Category				10 day log-in available	Enrolled through GenNET	Certified Teacher of Record (Y/N)	Certified Mentor weekly contact (Y/N)	TOTAL FTE (or FTE for each class)
				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 Virtual Learning opportunities. Approved District Guidelines for Virtual Learning have been followed.

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Title