

## CERTIFICATION OF ELIGIBILITY FOR COUNTING NEW ENROLLEES ON ALTERNATIVE COUNT DAY AUD-103

NAME AND ADDRESS OF FORMER SCHOOL DISTRICT

TO: \_\_\_\_\_  
PUPIL COUNT COORDINATOR

\_\_\_\_\_  
(SCHOOL DISTRICT NAME)

\_\_\_\_\_  
(ADDRESS)

\_\_\_\_\_  
(CITY, STATE, ZIP CODE)

NAME AND ADDRESS OF CURRENT SCHOOL DISTRICT

FROM: \_\_\_\_\_  
PUPIL COUNT COORDINATOR

\_\_\_\_\_  
(SCHOOL DISTRICT NAME)

\_\_\_\_\_  
(ADDRESS)

\_\_\_\_\_  
(CITY, STATE, ZIP CODE)

Please complete and return by \_\_\_\_\_ (15 calendar days after the alternative date of \_\_\_\_\_).

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According to Colorado State Board of Education rules, schools operating on a year round calendar or having programs designed to return dropouts to school may request an alternative count day. Schools with a CDE approved alternative official count date that enroll pupils from another Colorado public school district **on any day after the pupil enrollment count date** may include these pupils in their count for funding if the former district certifies that the pupil was not counted in the former district's official count date. The pupil noted below has enrolled in our school district on the date shown and has established membership by attendance on our alternative count day. The pupil has indicated that the last school of attendance was in your district. Colorado State Board of Education rules state that we must receive certification that the pupil was not included in your district's official count date.

Name of pupil \_\_\_\_\_ SASID \_\_\_\_\_

Birth date \_\_\_\_\_ Grade \_\_\_\_\_

**IMPORTANT:** This certification should be completed and returned by the former school district within 15 calendar days after the alternative count day stated above.

\_\_\_\_\_ I hereby certify that the above named pupil established membership by attendance and was included in our district's official count date.

\_\_\_\_\_ I hereby certify that the above named pupil did not establish membership by attendance and was not counted in our official count date.

Name of Former School: \_\_\_\_\_

Signature of Authorized Official of Former District of Attendance

Telephone Number

Date

For school district use only. Do NOT send to CDE.