Alachua County Public Schools

Adult Education Student Roll

Teacher:_____ Beginning Date: _____ Ending Date:_____

Course:_____ Day & Time:_____ Location:_____ Fall/spring/Summer:_____

CODES: EA1: Entry Date W/D: Withdrawal Date A: Absent P: Present

Student Name	DOB	M	T	W	R	F	M	T	W	R	F	M	T	W	R	F	M	T	W	R	F	M	T	W	R	F		W/D CODE	W/D DATE	TOTAL HOURS			
1																															1		
2																															2		
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