



EDUCATION ACHIEVEMENT  
AUTHORITY of Michigan

## STUDENT HEAD COUNT FORM

Name of Public school Academy: \_\_\_\_\_

Student Head Count:  Fall  Supplemental

Item 1

Include the total number of students enrolled and in attendance on Student Count Day.

Item 2

Include the number of any new grade levels offered for the first time in the \_\_\_\_\_ - \_\_\_\_\_ school year.

Item 3

Include the total number of students enrolled in Item 2 above.

I hereby certify that I have sufficient knowledge of the facts provided on this form, and that the information contained herein is true and accurate.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title