SCHOOL VISITATION by OCSC STUDENT FILES REVIEW

SCHOOL		ADMINISTRATOR	ADMINISTRATOR						
Date(s) of visit		Mrs. K. Rizzo, Associate Superintendent	Page	of					
Grade(s)	Random Review	Total Class Review							

Student		Cumulative file						Perma- nent Record	Health Record/ State of Florida Blue Card				School Office Emerg. Card		
	Full Name/D OB/ Parent info	Enroll ment date	Aca- demic record	Attend- ance record	Stand test score	Date of with- drawal or Gradu ation	True Copy Birth Certifi- cate	True Copy of Baptis- mal Certifi- cate	Licens- ing ID/e.g. #ss card	Student Info/Acade mic Record/ Atten- dance Record	Student Info/ Parent Info/ Physi- cian signa- tures	Vari- cella	Hep B Series for K and 7 entry		
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