



## Preliminary Membership Audit Report

District: \_\_\_\_\_

Building: \_\_\_\_\_

Membership Count Date: \_\_\_\_\_ Audit Date: \_\_\_\_\_

The following changes have been made in the reported fte count as filed with the Newaygo County RESA. Please note this is a PRELIMINARY REPORT and is subject to change.

Name of Student	Grade	+ or - FTE	Reason

	PUPILS	PARTICIPANTS
FTE Reported		
FTE Audited		
FTE Changed		

\_\_\_\_\_  
Principal/Building Representative

\_\_\_\_\_  
Auditor

White-Building Yellow-Admin. Pink-Auditor
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