STUDENT WITHDRAWAL FORM
Cypress Lake High School
6750 Panther Lane
Ft. Myers, Fl 33919

11/7/01

NAME: LEE MALVO
GRADE: 12 DATE OF BIRTH: 02/18/85
LOCAL STUDENT ID-#: 27091209 STATE ID-#: 3627091209
ADDRESS: 2510 BROADWAY AVE FORT MYERS FL 33901
PARENTS: ANTOINE EVEQUE UNA JAMES
BUS STUDENT: NO MIGRANT: NO CHAPTER 1: NO ESE STUDENT: NO

DATE WITHDRAWING: 10/16/01 LAST ENROLL DATE: 08/13/01 HOME-LANG: 07/19/01
WD CODE: W03 REASON: MOVED TO OTHER PUBLIC SCHOOL

DAYS ATTENDED: 39 DAYS ABSENT: 5 TIMES TARDY: 0

TRANSFER TO: ~~Birmingham, Alabama~~ Bellingham, WA
PARENT/GUARDIAN SIGNATURE:
SCHOOL NOTIFIED OF WITHDRAWAL BY:
HOMEROOM TEACHER: 087 ANDERSON HEALTH: YES___ NO___ CURRENT___

STUDENT SCHEDULE / SEMESTER: 1

P	COURSE-ID	SC	DESCRIPTION	TEACHER	GRADES 1	2	3	S	ABS	BOOK	FEE	TCH
1	10014100	01	HONORS ENGLISH 4	ANDERSON	89	B+						
2	12113000	02	HONORS TRIGONOMETRY	KUTZ	65	D						
3	20013400	01	ENVIRONMENT SCIENCE	SOLAK	105	A+						
4	21063100	01	AMERICAN GOVERNMENT	JAGO	94	A				#5757	47.99	
5	1503310B	01	BASKETBALL	EDWARD	97	A						
6	21003200	05	HONORS AMERICAN HIST	JAGO	99	A+				#6341	46.50	
7	1501340B	03	BEGINNING WEIGHTS	KOZINSKI								

LIBRARY BOOKS RETURNED: (Y) OR N (Circle One) LIB INIT BB

LIST BOOKS NOT RETURNED

Title ___ Amount Due ___
Title ___ Amount Due ___

TOTAL DUE ___

LUNCH MONEY DUE Y OR N (Circle One) AMOUNT DUE ___ INIT ___

TEACHER COMMENTS ___

GUIDANCE ___ LIBRARY ___
HR TCH: ___ PRINCIPAL ___
RECORDS CLERK ___

no discipline reports on file

PLF-DEF-EX. #47
DATE 12/2/03
JUDGE JMR
CASE # 03-3089, 3090, 3091

PERMANENT ACADEMIC RECORD CARD

GRADES 9-12

THE SCHOOL DISTRICT OF LEE COUNTY, FLORIDA
STUDENT RECORDS, 2055 CENTRAL AVE. • FORT MYERS, FL 33901-39

12th

I.D. 27091209

LAST	FIRST	MIDDLE	SEX	RACIAL/ETHNIC CODE	CURRENT SCHOOL	GRADE	DATE OF PRINTI
MALVO	LEE	BOYD	M	B	CYPRESS LAKE HIGH	12	11/7/01

ADDRESS
2510 Broadway Avenue
Ft. Myers, Florida 33901

DATE OF BIRTH
2/18/85

1 WHITE, NOT HISPANIC
2 BLACK, NOT HISPANIC
3 HISPANIC
4 AM. INDIAN/ALASKAN NATIVE
5 ASIAN/PACIFIC ISLANDER

PARENT/GUARDIAN
Antoine Eveque/Una James

PLACE OF BIRTH
Kingston, Jamaica

SEM	COURSE	GR	CREDIT	ST. NO
W/D GRADES CLHS 2001-02				Qtr 1
10014100	Hon English 4			89/B+
12113000	Hon Trigonometry			65/D
20013400	Environ. Science			105/A+
21063100	American Govt.			94/A
21003200	Hon American Hist			99/A+
1503310B	Basketball			97/A

Days Attended 39
Days Absent 5
Days Tardy 0

W03 - Washington

Transfer grades from Fl.
- n/c but carry-forward

Called left message to call 12/4 - 9:00 - the (called back)
transcripts 12/4

ORIG. ENTRY DATE 8/13/01
DATE WITHDREW 10/16/01
GRADUATED ON:
DATE
DIPLOMA/CERT. TYPE
CLASS RANK OF
QUARTILE:
CERTIFIED BY

SSATI CERTIFICATION OF MASTERY COMMUNICATIO
DATE
MATHEMATICS
DATE
SSATII RECEIVED PASSI SCORE ON COMMUNICATIO
DATE
MATHEMATICS
DATE

SIGNATURE DA

GRADING SCALE

A = 94-100	4.0	AP IN COURSE TITL
B = 85-93	3.0	DENOTES ADVANC
C = 75-84	2.0	PLACEMENT
D = 65-74	1.0	H = HONORS
F = BELOW 65	0.0	TR = TRANSFER

I = INCOMPLETE
WP = WITHDRAWN PASSING
WF = WITHDRAWN FAILING
XR = COURSE RETAKEN

NOT FIGUR IN G.P. CALCULATI

RECORD SUMMARY YEARS

	1	2	3	4	5	TOTAL
ENG						
MATH						
SCI						
SOC						
PE						
HLTH						
PRAC						
PERF						
ELEC						
TOTAL						

SCHOOL CODES: 221 FT. MYERS HIGH 311 NORTH FT. MYERS HIGH 531 CYPRESS LAKE HIGH

FLORIDA DEPARTMENT OF HEALTH

FLORIDA CERTIFICATION OF IMMUNIZATION

Legal Authority: sections 232.032, 402.305, 402.313, Florida Statutes; rules 64D-3.011, 65C-22.006, 65C-20.011, Florida Administrative Code

LAST NAME	FIRST	MI	DOB
MALVO	LEE	B	02/18/1985

PARENT OR GUARDIAN	Child's SS# (optional)	STATE IMMUNIZATION ID# [1]
ANTTIONE,EVEQUE	LBM-02-1885	360-0074-307

Directions:

* Check all appropriate doses and dates then sign and date appropriate certificate below.
* For additional information: See Immunization Guidelines for School and Child Care Facilities for information and instructions on form completion and immunization requirements. Guidelines are updated annually and are available from the local county health department.

VACCINE	DOE CODE	Dose 1 MO/DA/YR	Dose 2 MO/DA/YR	Dose 3 MO/DA/YR	Dose 4 MO/DA/YR	Dose 5 MO/DA/YR
DTaP/DTP[2]	A	05/27/1985	07/04/1985	09/24/1985		
DT[3]	B					
Td[4]	C	07/23/1996			11/16/2000 Booster	
Polio[5]	D	05/27/1985	07/04/1985	09/24/1985	07/23/1996	
HIB[6]	E					
MMR (Combined)[7]	F	11/16/2000	06/12/2001			
(Separate)[8]	G,H,I	Measles (dose 1)	Measles (dose 2)	Mumps	Rubella	
Hepatitis B[9]	J	06/12/2001	7/16/01 CHP			
Varicella[10]	K	06/12/2001				
Varicella Disease	L	Year				

Temporary Medical Exemption

PART B (For preschool children, children in day care and school children who are incomplete for immunizations in Part A-1 or A-2.) **Invalid without expiration date.** DOE Code 2

I certify that the above named child has received the immunizations documented above and has commenced a schedule to complete the required immunizations. Additional immunizations are not medically indicated at this time.

Physician or Clinic Name: *(Print or stamp)* MICHIGAN LEE CHD

Address: 3920 MICHIGAN AVENUE
FORT MYERS,FL 33916

Expiration Date: (15 days after next immunization appointment) 07/27/01 ~~08/22/2001~~ 4-w

Physician or Authorized Signature:

Date: 6/12/01

exp 12-29-01

Date: 7-16-01