**BURBANK UNIFIED SCHOOL DISTRICT**
**EMERGENCY OPERATIONS**

# STUDENT ACCOUNTING FORM

Room No._____ Date_____

Enrolled per Register_____ Reported by_____

Not in School Today_____ Received by_____

Present Now_____

1. Students or classroom volunteers elsewhere (off campus, left in room, other location, etc.)

_____

_____

_____

_____

_____

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_____

2. Students on playground needing more first aid than you can handle:

| NAME | LOCATION | PROBLEM |
|---|---|---|
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Additional comments: (report fire, gas/water leaks, blocked exits, structural damage, suspicious packages or materials, etc.)

STUACCTFRM
8/02