

Home School Attendance Record

School Term _____ - _____

Name of Student: _____
Last
First
Middle

Directions: Please save this form as a master; make photocopies so that a separate form can be used for each student. Please check dates below on which academic instruction and educational activities occurred. This form should be mailed in with your quarterly reports. **(Note: This is an optional form, but attendance must be recorded and available on request.)**

	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
July																															
August																															
September																															
October																															
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February																															
March																															
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By my signature below, I affirm that the above entered information, to the best of my knowledge, is accurate.

Signature

Date