HOURLY PROGRAMS-ATTENDANCE

☐ SUMMER SCHOOL
☒ AFTER SCHOOL
☐ BEFORE SCHOOL

TEACHER _____

Time of Session: **Hour 1** _____ Grade(s) _____

Hour 2 _____

Hour 3 _____

	STUDENT'S NAME	DATE: HOUR 1	2	3	4	5	6	DATE: HOUR 1	2	3	4	5	6	DATE: HOUR 1	2	3	4	5	6	DATE: HOUR 1	2	3	4	5	6	DATE: HOUR 1	2	3	4	5	6	TOTAL HOURS THIS SHEET
1																																
2																																
3																																
4																																
5																																
6																																
7																																
8																																
9																																
10																																
11																																
12																																
13																																
14																																
15																																

_____

TEACHER OR OTHER EMPLOYEE SIGNATURE VERIFYING ATTENDANCE:

SIGNATURE _____ **DATE** _____

POSITIVE ATTENDANCE ONLY

x PRESENT FOR ATTENDANCE HOUR

TOTAL HOURS THIS PAGE ☐