Department of Education
HOME STUDY PROGRAM MONTHLY ATTENDANCE RECORD

Submitted by: **Submitted to:**

Name _____ _____School System (in which program is located)

Address of Home Study Program _____ _____

_____ _____

School Year: Beginning date ____/____/____: Ending date ____/____/____ School Month: ___1, 2, ___3, 4, 5, 6, ___7, 8, ___9, ___10, 11, 12

Days in Month

Name of Student	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	**11**	**12**	**13**	**14**	**15**	**16**	**17**	**18**	**19**	**20**	**21**	**22**	**23**	**24**	**25**	**26**	**27**	**28**	**29**	**30**	**31**	**Total Days Attended This Month**	**Total Days Year to Date**

Submitted by: _____ Name of Tutor (if applicable) _____
Signature of Parent or Guardian

Date: _____

Instructions:

1. Fill in your name and the address of the Home Study Program as it appears on your Declaration of Intent to Utilized a Home Study Program.
2. Fill in the beginning and ending dates for the school year as they appear on your Declaration of Intent to Utilize a Home Study Program.
3. Indicate for which monthly period you are reporting by marking the appropriate number beside School Month.
4. List each student's name as it appears on your Declaration of Intent to Utilize a Home Study Program.
5. For each day during the monthly period that a student DID have classes, mark an "X" in the box.
6. Sign your name and fill in the date as of the day you mail or deliver this report to the local school system.

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