ATTENDANCE SHEET

DATE_____

TEACHER _____ SUBSTITUTE _____

PLEASE TURN THIS FORM INTO THE OFFICE AT THE END OF THE DAY.

1ST PERIOD

Student Name	Absent	Tardy

2ND PERIOD

Student Name	Absent	Tardy

3RD PERIOD

Student Name	Absent	Tardy

4th PERIOD

Student Name	Absent	Tardy

5TH PERIOD

Student Name	Absent	Tardy

GASS/Advisory

Student Name	Absent	Tardy