HOME SCHOOL STUDY PROGRAM MONTHLY ATTENDANCE REPORT

Name of Home Study Program: _____ **Submitted To:** Bobbi Butler

Address of Home Study: _____ **County/City School System:** Whitfield County Schools Service Center

City/State/Zip Code: _____ **Address:** 201 East Tyler Street

School Year: _____ **Beginning Date:** / / **Ending Date:** / / **City/State/Zip Code:** Dalton, GA 30721

Student Name	Days in Month of _____																													Days This Month	Days Year to Date
	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		

Submitted By: _____ **Date:** _____

Signature of Parent/Guardian

INSTRUCTIONS

1. Fill in the name and address of the home Study Program as it appears on your Declaration of Intent to Utilize 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. List each student's name as it appears on your Declaration of Intent to Utilize a home Study Program.
4. Indicate each month and mark an "X" in the box for each day that satisfies the instructional requirements for the minimum 180 day school year.
5. Sign your name and fill in the data of the day you mail or deliver this report to the local school superintendent's office.