

Cincinnati Central School Athletic/Field Trip Attendance Sheet

*A copy of this sheet should be given to the **Attendance Aide**(If school is not in session, please slip under visitor's Center Door)*

Teacher' Name _____
 Destination _____
 Time of Departure _____

Date ____/____/____
 Grade/Department _____
 Time of Return _____

All individuals going should be on the list including all adults and teachers(s)

	Last Name	First Name	Emergency Phone No.	Parent/Guardian
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.	_____	_____	()	_____

Alternate arrangements for supervision and instruction have been made for the following students who are in attendance but are not attending the field trip.

Last Name	First Name	Location	Supervision Teacher
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____