

_____ Day
_____ Date

## Virginia Department of Fire Programs Daily Attendance Sheet

_____ School No.
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Course Name: _____	Subject: _____
Location: _____	Lead Instructor: _____
Tech. Instructor: _____	Tech. Instructor: _____
Tech. Instructor: _____	Tech. Instructor: _____
Tech. Instructor: _____	Tech. Instructor: _____

If course is held as morning and afternoon session, check attendance during second part of course in box below designated AM / PM  
Instructor must verify that each student is present by initialing beside each line entry

Printed Name ( <i>First MI Last</i> )	Signature ( <i>Legible</i> )	AM / PM	Instr. Init.
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Printed Name ( <i>First MI Last</i> )	Signature ( <i>Legible</i> )	AM / PM	Instr. Init.
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