



**Linn State Technical College  
High School Attendance Record Form**

Student Name: \_\_\_\_\_ High School: \_\_\_\_\_  
                    First                                    Middle                                    Last

**The High School Counselor must complete the information below:**

Attendance Record – please record the **number of days** absent each academic school year. Please do not attach attendance printouts.  
9<sup>th</sup> Grade \_\_\_\_\_ 10<sup>th</sup> Grade \_\_\_\_\_ 11<sup>th</sup> Grade \_\_\_\_\_ 12<sup>th</sup> Grade \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of High School Counselor

\_\_\_\_\_  
Date

**Return completed form to:**  
Linn State Technical College  
Office of Admissions  
One Technology Drive  
Linn, MO 65051

FAX: 573-897-5026