

PARAMUS HIGH SCHOOL
Paramus, New Jersey
CO-CURRICULAR MONTHLY REPORT
(Please return to Ms. Day)

Name of Club:

Advisor:

Month:

Date of Meeting:	Length of Meeting (# of hours)	Preparation Time (If Applicable)	# Students Attending
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IMPORTANT!!! HOURS MUST BE TOTALED BELOW!!

Total # of meetings with students:

Total hours of meetings with students:

Total hours of prep time for month:

Total advisor hours for month:
(meeting hours + prep time)

Please hand in the last day of each month with **weekly sign-in sheets** attached.
Thanks you.