HOME STUDY PROGRAM MONTHLY ATTENDANCE REPORT

Name of Home S	ne of Home Study Program:														_	Submitted to: <u>Keisa K. Ma</u>																	
Address of Hom	dress of Home Study:															_ (_ County/City School System: <u>Atlanta Public Schools</u>																
City/State/Zip C																_ Address: <u>130 Trinity Ave</u>																	
School Year:		_ B	egin	nin	g D	ate	:	/	/	_/		En	din	g D	ate:		_/_	_/_		_ 0	City/	'Sta	te/Z	ip (Cod	e: <u>/</u>	<u>Atla</u>	<u>nta</u>	GA	<u>30</u>	<u>303</u>		
Student Name		Days in Month of																										# Days this	# Days Year to				
	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	month	Date
Submitted By: _							Si	gna	ture	e of	Par	ent	/Gu	ard	lian									_	Da	nte:							_

INSTRUCTIONS

- 1. Fill in the name and address of the Home Study Program as it appears on your <u>Declaration of Intent to Utilize a Home Study Program</u>.
- 2. Fill in the beginning and ending dates for the school year as they appear on your <u>Declaration of Intent to Utilize a Home Study Program</u>.
- 3. List each student's name as it appears on your <u>Declaration of Intent to Utilize a Home Study Program</u>.
- 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 date of the day you mail or deliver this report to the local school superintendent's office.