

Odin Public School District #722

Monthly Attendance Sheet

Name: _____

Month: _____

Date	Reason For Absence	Length Of Absence (AM, PM, Full Day)	Time Leaving/Returning	Substitute	Comments

***Document every instance you are out of the classroom and provide all requested information.**

Total Days Absent: _____

(If you were not absent, turn in a sheet indicating "No Absences for the Month".