

ARBOR ACADEMY ATTENDANCE RECORD

Name of Student: _____

first middle last

SS# _____ - _____ - _____ Birthdate: _____ / _____ / _____ Email: _____ @ _____

Name of Parent or Guardian: _____

first middle last

Home Address: _____

Street City State Zip

I hereby self-certify that the above named student has attended school as represented under a private school independent study program that qualifies as an exemption from compulsory attendance requirements under state law.

Parent Signature: _____ Date: _____

Start Date:

End Date:

MONTH	YEAR	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	
August																																	
September																																	
October																																	
November																																	
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January																																	
February																																	
March																																	
April																																	
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June																																	
July																																	

Place an A for days absent Indicate days present with an X

Comments:
