

# HOME SCHOOL ATTENDANCE REPORT

## to the LAKE COUNTY SUPERINTENDENT OF SCHOOLS



Lake County Courthouse  
 106 Fourth Avenue East  
 Polson, MT 59860  
 Phone 406-883-7262  
 Fax 406-883-7283

School Year 20\_\_\_\_ to 20\_\_\_\_

Student Name	Grade Level	Date of Birth	Age as of Sept. 10
Name of Parent	Parent Address		Phone
Name of School	Name of teacher(s)		
Name of Organized Course of Study (optional) _____			

### ATTENDANCE

	First 9 Weeks	Second 9 Weeks	Third 9 Weeks	Fourth 9 Weeks		
<b>Opening Date</b>						
Mon.						
Tues.						
Wed.						
Thurs.						
Fri.						
Mon.						
Tues.						
Wed.						
Thurs.						
Fri.						
Mon.						
Tues.						
Wed.						
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Mon.						
Tues.						
Wed.						
Thurs.						
Fri.						
Mon.						
Tues.						
Wed.						
Thurs.						
Fri.						
Closing Date						
Days Taught						

Teacher's signature \_\_\_\_\_ Total Days Taught \_\_\_\_\_

A copy of this report should be submitted to the County Superintendent at the end of a semester or at the end of the school year. It is not required that school attendance be reported on this form, but attendance must be documented in some form. This attendance record will be kept in your file for future reference.