

School Attendance Reporting Form

Revised [01/21/19]

Student's Name: _____

Month/Year Reporting _____

Please return this form to: _____
Fax# _____ Phone# _____
Email: _____

TO BE COMPLETED BY STUDENT

- Write in dates attending.
- Have instructor sign at end of **month** indicating attendance in class.

Return form within 5 business days of the start of every month. Failure to return attendance report form on time could result in unpaid reimbursements due to program funding availability.

INSTRUCTORS PLEASE READ

- Please verify attendance information student has recorded.
- Sign your name on the appropriate line for the class you teach.
- Sign only if student has filled in attendance information each day of class.

Any questions call the case manager listed above.

Training 1

Training Course: _____ Training Agency: _____

DATE	CLASS TITLE	INSTRUCTOR SIGNATURE

Training 2

Training Course: _____ Training Agency: _____

DATE	CLASS TITLE	INSTRUCTOR SIGNATURE

I certify that the information that I have recorded above is correct and represents my class participation during the past month.

Student's Signature: _____ Date: _____

For Office Use Only:

of Trips For Training 1: _____ Rate: _____

of Trips For Training 2: _____ Rate: _____

CP Signature: _____ Date: _____

PM Signature: _____ Date: _____

For Office Use Only:

_____ Days@_____ = _____

_____ Days@_____ = _____

_____ **Total Hours** = _____

TOTAL AMOUNT DUE= _____

