

Eleanor Roosevelt Community Learning Center

Attendance Log- Month 1

August 21, 2017 - September 15, 2017

Student: _____ Grade: _____

Education Coordinator: _____

Initial each day that your child was enrolled at ERCLC. Your Education Coordinator will determine the number of allowable attendance days.

August-September 2017				
Monday	Tuesday	Wednesday	Thursday	Friday
21 _____ Initials	22 _____ Initials	23 _____ Initials	24 _____ Initials	25 _____ Initials
28 _____ Initials	29 _____ Initials	30 _____ Initials	31 _____ Initials	1 _____ Initials
4 Holiday	5 _____ Initials	6 _____ Initials	7 _____ Initials	8 _____ Initials
11 _____ Initials	12 _____ Initials	13 _____ Initials	14 _____ Initials	15 _____ Initials

Total days possible: 19

Total days claimed: _____

Parent Signature: _____ Date: _____

Verified by: _____ Date: _____

I certify that this student performed the required number of hours of work to claim this apportionment. _____ Date: _____

Eleanor Roosevelt Community Learning Center

Attendance Log- Month 2

September 18, 2017 - October 13, 2017

Student: _____ Grade: _____

Education Coordinator: _____

Initial each day that your child was enrolled at ERCLC. Your Education Coordinator will determine the number of allowable attendance days.

September-October 2017				
Monday	Tuesday	Wednesday	Thursday	Friday
18 _____ Initials	19 _____ Initials	20 _____ Initials	21 _____ Initials	22 _____ Initials
25 _____ Initials	26 _____ Initials	27 _____ Initials	28 _____ Initials	29 _____ Initials
2 _____ Initials	3 _____ Initials	4 _____ Initials	5 _____ Initials	6 _____ Initials
9 _____ Initials	10 _____ Initials	11 _____ Initials	12 _____ Initials	13 _____ Initials

Total days possible: 20 Total days claimed: _____

Parent Signature: _____ Date: _____

Verified by: _____ Date: _____

I certify that this student performed the required number of hours of work to claim this apportionment. _____ Date: _____

Eleanor Roosevelt Community Learning Center

Attendance Log- Month 3

October 16, 2017 - November 10, 2017

Student: _____ Grade: _____

Education Coordinator: _____

Initial each day that your child was enrolled at ERCLC. Your Education Coordinator will determine the number of allowable attendance days.

October-November 2017				
Monday	Tuesday	Wednesday	Thursday	Friday
16 _____ Initials	17 _____ Initials	18 _____ Initials	19 _____ Initials	20 _____ Initials
23 _____ Initials	24 _____ Initials	25 _____ Initials	26 _____ Initials	27 _____ Initials
30 _____ Initials	31 _____ Initials	1 _____ Initials	2 _____ Initials	3 _____ Initials
6 _____ Initials	7 _____ Initials	8 _____ Initials	9 _____ Initials	10 _____ Initials

Total days possible: 20 Total days claimed: _____

Parent Signature: _____ Date: _____

Verified by: _____ Date: _____

I certify that this student performed the required number of hours of work to claim this apportionment. _____ Date: _____

Eleanor Roosevelt Community Learning Center

Attendance Log- Month 4

November 13, 2017 - December 15, 2017

Student: _____ Grade: _____

Education Coordinator: _____

Initial each day that your child was enrolled at ERCLC. Your Education Coordinator will determine the number of allowable attendance days.

November-December 2017				
Monday	Tuesday	Wednesday	Thursday	Friday
13 _____ Initials	14 _____ Initials	15 _____ Initials	16 _____ Initials	17 _____ Initials
27 _____ Initials	28 _____ Initials	29 _____ Initials	30 _____ Initials	1 _____ Initials
4 _____ Initials	5 _____ Initials	6 _____ Initials	7 _____ Initials	8 _____ Initials
11 _____ Initials	12 _____ Initials	13 _____ Initials	14 _____ Initials	15 _____ Initials

Total days possible: 20 Total days claimed: _____

Parent Signature: _____ Date: _____

Verified by: _____ Date: _____

I certify that this student performed the required number of hours of work to claim this apportionment. _____ Date: _____

Eleanor Roosevelt Community Learning Center

Attendance Log- Month 5

January 1- 26, 2018

Student: _____ Grade: _____

Education Coordinator: _____

Initial each day that your child was enrolled at ERCLC. Your Education Coordinator will determine the number of allowable attendance days.

January 2018				
Monday	Tuesday	Wednesday	Thursday	Friday
1 Holiday	2 _____ Initials	3 _____ Initials	4 _____ Initials	5 _____ Initials
8 _____ Initials	9 _____ Initials	10 _____ Initials	11 _____ Initials	12 _____ Initials
15 Holiday	16 _____ Initials	17 _____ Initials	18 _____ Initials	19 _____ Initials
22 _____ Initials	23 _____ Initials	24 _____ Initials	25 _____ Initials	26 _____ Initials

Total days possible: 18 Total days claimed: _____

Parent Signature: _____ Date: _____

Verified by: _____ Date: _____

I certify that this student performed the required number of hours of work to claim this apportionment. _____ Date: _____

Eleanor Roosevelt Community Learning Center

Attendance Log- Month 6

January 29, 2018 - February 23, 2018

Student: _____ Grade: _____

Education Coordinator: _____

Initial each day that your child was enrolled at ERCLC. Your Education Coordinator will determine the number of allowable attendance days.

January-February 2018				
Monday	Tuesday	Wednesday	Thursday	Friday
29 _____ Initials	30 _____ Initials	31 _____ Initials	1 _____ Initials	2 _____ Initials
5 _____ Initials	6 _____ Initials	7 _____ Initials	8 _____ Initials	9 _____ Initials
12 _____ Initials	13 _____ Initials	14 _____ Initials	15 _____ Initials	16 _____ Initials
19 Holiday	20 _____ Initials	21 _____ Initials	22 _____ Initials	23 _____ Initials

Total days possible: 19 Total days claimed: _____

Parent Signature: _____ Date: _____

Verified by: _____ Date: _____

I certify that this student performed the required number of hours of work to claim this apportionment. _____ Date: _____

Eleanor Roosevelt Community Learning Center

Attendance Log- Month 7

February 26, 2018 – March 23, 2018

Student: _____ Grade: _____

Education Coordinator: _____

Initial each day that your child was enrolled at ERCLC. Your Education Coordinator will determine the number of allowable attendance days.

February-March 2018				
Monday	Tuesday	Wednesday	Thursday	Friday
26 _____ Initials	27 _____ Initials	28 _____ Initials	1 _____ Initials	2 _____ Initials
5 _____ Initials	6 _____ Initials	7 _____ Initials	8 _____ Initials	9 _____ Initials
12 _____ Initials	13 _____ Initials	14 _____ Initials	15 _____ Initials	16 _____ Initials
19 _____ Initials	20 _____ Initials	21 _____ Initials	22 _____ Initials	23 _____ Initials

Total days possible: 20 Total days claimed: _____

Parent Signature: _____ Date: _____

Verified by: _____ Date: _____

I certify that this student performed the required number of hours of work to claim this apportionment. _____ Date: _____

Eleanor Roosevelt Community Learning Center

Attendance Log- Month 8

April 2 – April 27, 2018

Student: _____ Grade: _____

Education Coordinator: _____

Initial each day that your child was enrolled at ERCLC. Your Education Coordinator will determine the number of allowable attendance days.

April 2018				
Monday	Tuesday	Wednesday	Thursday	Friday
2 Holiday	3 _____ Initials	4 _____ Initials	5 _____ Initials	6 _____ Initials
9 _____ Initials	10 _____ Initials	11 _____ Initials	12 _____ Initials	13 _____ Initials
16 _____ Initials	17 _____ Initials	18 _____ Initials	19 _____ Initials	20 _____ Initials
23 _____ Initials	24 _____ Initials	25 _____ Initials	26 _____ Initials	27 _____ Initials

Total days possible: 19 Total days claimed: _____

Parent Signature: _____ Date: _____

Verified by: _____ Date: _____

I certify that this student performed the required number of hours of work to claim this apportionment. _____ Date: _____

Eleanor Roosevelt Community Learning Center

Attendance Log- Month 9

April 30, 2018 - May 25, 2018

Student: _____ Grade: _____

Education Coordinator: _____

Initial each day that your child was enrolled at ERCLC. Your Education Coordinator will determine the number of allowable attendance days.

April – May 2018				
Monday	Tuesday	Wednesday	Thursday	Friday
30 _____ Initials	1 _____ Initials	2 _____ Initials	3 _____ Initials	4 _____ Initials
7 _____ Initials	8 _____ Initials	9 _____ Initials	10 _____ Initials	11 _____ Initials
14 _____ Initials	15 _____ Initials	16 _____ Initials	17 _____ Initials	18 _____ Initials
21 _____ Initials	22 _____ Initials	23 _____ Initials	24 _____ Initials	25 _____ Initials

Total days possible: 20

Total days claimed: _____

Parent Signature: _____ Date: _____

Verified by: _____ Date: _____

I certify that this student performed the required number of hours of work to claim this apportionment. _____ Date: _____