Glacier High School Charter

Daily Attendance for Month #1 August 13-September 4, 2020

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|   |  **Student** |  | **Gr** | **Advising Teacher** |  |
|  |  |  |
|  |  | **Subjects Taught -** Please check all subjects taught on specific date |
| **Date** |  | **Student Absent** |  |  |  |  |  |  |  |  |  | **PE****(min)** | **Activity** |
| 08/10/20 |  | **---** | **---** | **---** | **---** | **---** | **---** | **---** | **---** | **---** | **---** | **---** | **Summer Break No School** |
| 08/11/20 |  | **---** | **---** | **---** | **---** | **---** | **---** | **---** | **---** | **---** | **---** | **---** | **Summer Break No School** |
| 08/12/20 |  | **---** | **---** | **---** | **---** | **---** | **---** | **---** | **---** | **---** | **---** | **---** | **Summer Break No School** |
| 08/13/20 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 08/14/20 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 08/17/20 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 08/18/20 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 08/19/20 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 08/20/20 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 08/21/20 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 08/24/20 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 08/25/20 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 08/26/20 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 08/27/20 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 08/28/20 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 08/31/20 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 09/01/20 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 09/02/20 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 09/03/20 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 09/04/20 |  |  |  |  |  |  |  |  |  |  |  |  |  |

 **I,\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, certify that the above is true and correct. (Print Parent Name)** Possible Teaching Days: 17 days

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **Please return to GHSC by: Friday, September 4, 2020**

 **Parent Signature** (Use black or blue pen only)

Icertify that I have coordinated, evaluated and provided general supervision of the work done/subjects taught on the dates noted above. **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_**

*(GHSC Teacher Use Only)* **GHSC Teacher Signature Date**