Glacier High School Charter

Daily Attendance for Month #2 September 7- October 2, 2020

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|   |  **Student** |  | **Gr** | **Advising Teacher** |  |
|  |  |  |
|  |  | **Subjects Taught -** Please check all subjects taught on specific date |
| **Date** |  | **Student Absent** |  |  |  |  |  |  |  |  |  | **PE****(min)** | **Activity** |
| 09/07/20 |  | **---** |  **---** | **---** | **---** | **---** | **---** | **---** | **---** | **---** | **---** | **---** | **Labor Day – No School** |
| 09/08/20 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 09/09/20 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 09/10/20 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 09/11/20 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 09/14/20 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 09/15/20 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 09/16/20 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 09/17/20 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 09/18/20 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 09/21/20 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 09/22/20 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 09/23/20 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 09/24/20 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 09/25/20 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 09/28/20 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 09/29/20 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 09/30/20 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 10/01/20 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 10/02/20 |  |  |  |  |  |  |  |  |  |  |  |  |  |

 **I,\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, certify that the above is true and correct. (Print Parent Name)** Possible Teaching Days: 19 days

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **Please return to GHSC by: Friday, October 2, 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**