Glacier High School Charter

Daily Attendance for Month #3 October 5– October 30, 2020

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|   |  **Student** |  | **Gr** | **Charter Teacher** |  |  |
|  |  |  |  |
|  |  |  | **Subjects Taught -** Please check all subjects taught on specific date |
| **Date** |  | **Student Absent** |  |  |  |  |  |  |  |  |  |  | **PE****(min)** | **Activity** |
| 10/05/20 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 10/06/20 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 10/07/20 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 10/08/20 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 10/09/20 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 10/12/20 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 10/13/20 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 10/14/20 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 10/15/20 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 10/16/20 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 10/19/20 |  | **---** | **---** | **---** | **---** | **---** | **---** | **---** | **---** | **No School- October Break**  |  |  |  |  |
| 10/20/20 |  | **---** | **---** | **---** | **---** | **---** | **---** | **---** | **---** | **No School- October Break**  |  |  |  |  |
| 10/21/20 |  | **---** | **---** | **---** | **---** | **---** | **---** | **---** | **---** | **No School- October Break**  |  |  |  |  |
| 10/22/20 |  | **---** | **---** | **---** | **---** | **---** | **---** | **---** | **---** | **No School- October Break**  |  |  |  |  |
| 10/23/20 |  | **---** | **---** | **---** | **---** | **---** | **---** | **---** | **---** | **No School- October Break**  |  |  |  |  |
| 10/26/20 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 10/27/20 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 10/28/20 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 10/29/20 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 10/30/20 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

 **I,\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, certify that the above is true and correct. (Print Parent Name)** Possible Teaching Days: 15 days

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **Please return to GHSC by: Friday, November 8, 2019**

 **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**