

Semester Attendance Log

Student Name:

Parent Name:

Parent Phone:

Week/Day	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Weekly Total
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
Semester Total:								

Please put a check mark indicating the days the student attended school. Provide a total for each week and a total for the semester.

If you require more weeks, please add an additional page or use the space below.