HOME STUDY PROGRAM MONTHLY ATTENDANCE REPORT

Name of Home Study Program: _____ **Submitted to:** Jacqueline Jones, Director of Student Services

Address of Home Study: _____ **County/City School System:** Troup County

City/State/Zip Code: _____ **Address:** 200 Mooty Bridge Road

School Year: _____ **Beginning Date:** ____/___/___ **Ending Date:** ___/__/___ **City/State/Zip Code:** LaGrange, GA 30240

Student Name	Days in Month of _____																													# Days this month	# Days Year to Date
	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	27	28	29	30	31		

Submitted By: _____ **Date:** _____

Signature of Parent/Guardian

INSTRUCTIONS

1. **Fill in the name and address of the Home Study Program as it appears on your Declaration of Intent to Utilize a Home Study Program.**
2. **Fill in the beginning and ending dates for the school year as they appear on your Declaration of Intent to Utilize a Home Study Program.**
3. **List each student's name as it appears on your Declaration of Intent to Utilize a Home Study Program.**
4. **Indicate each month and mark an "X" in the box for each day that satisfies the instructional requirements for the minimum 180-day school year.**
5. **Sign your name and fill in the date of the day you mail or deliver this report to the local school superintendent's office.**