

ATTENDANCE RECORD FOR _____

(SCHOOL NAME)

(YEAR)

(Member ID #)

Month	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	Totals	
JUN																																	
JUL																																	
AUG																																	
SEP																																	
OCT																																	
NOV																																	
DEC																																	
JAN																																	
FEB																																	
MAR																																	
APR																																	
MAY																																	

Not a valid school date
 Full day
 / Indicates a Half-day
 A Absence
 H Holiday
 Yearly Total:

Please complete only one form per family, not for individual students. Additional forms will be required to demonstrate Compliance, see Policy Statement.

Child's Name/Grade Level		

I hereby certify that the school attendance record above is a true and accurate statement of the number of days classes were conducted in this Independent Home School. I further certify that this Independent Home School is a member of LEAH, an Association of Home Schools under SC Code §59-65-47. Please indicate plans for the following year: ___renew ___public school ___graduating senior.

Parent/Legal Guardian: _____ (Print)

Signature: _____

Date: _____

School Address: _____ (Street #/Apt)

County: _____

_____ (City/State/Zip)

School District # _____