

HOME SCHOOL ATTENDANCE RECORD -- School Term _____ - _____

County _____ School Name _____

Name of Student _____

Last

First

Middle

Directions: **SAVE THIS FORM AS A MASTER;** make photocopies so that a separate form can be used for each student.

Keep completed form(s) on file at your school for later inspection.

Please check (√) dates below on which academic instruction and educational activities were conducted.



NC Division of Non-Public Education
 1309 Mail Service Center
 Raleigh, NC 27699-1309
 Telephone: (919) 733-4276
www.ncdnpe.org

	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
JULY																															
AUGUST																															
SEPTEMBER																															
OCTOBER																															
NOVEMBER																															
DECEMBER																															
JANUARY																															
FEBRUARY																															
MARCH																															
APRIL																															
MAY																															
JUNE																															

By my signature below, I affirm that the above entered information, to the best of my knowledge, is accurate and truthful.

Chief Administrator _____ Date _____