

## ATTENDANCE -- MAKE-UP HOURS

Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Fill in the date. Write the number of minutes in the proper column. Print teacher's name. Have the teacher initial in the last column. (Line 1 is an example.)

date	tutoring	d-hall	Sat. d-hall	teacher's name	initials
9/14/98	30 min			Mrs. P. Smith	
TOTAL					

### COMMUNITY SERVICE:

I certify that \_\_\_\_\_ completed community service:  
student's name

date worked: \_\_\_\_\_ number of hours worked: \_\_\_\_\_

project completed: \_\_\_\_\_

name of organization: \_\_\_\_\_ phone number: \_\_\_\_\_

signature of organization representative: \_\_\_\_\_

comments: \_\_\_\_\_

**\*\*\*\*\* RETURN COMPLETED FORM TO YOUR ASSISTANT PRINCIPAL ON  
OR BEFORE THE LAST DAY OF THE SEMESTER\*\*\*\*\***