

CHEROKEE COUNTY SCHOOL DISTRICT Home Study Program Monthly Attendance Report

Submitted By: _____

Submit To:

Name: _____

Cherokee County School District
110 Academy Street
Canton, GA 30114
Attn: Home Study Program

Address of Program: _____

Telephone Number: _____

Beginning SY Date: ____/____/____ Ending SY Date: ____/____/____

School Month: ____1, ____2, ____3, ____4, ____5, ____6, ____7, ____8, ____9, ____10, ____11, ____12

Student Name	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: _____

Name of Tutor (if applicable): _____

Instructions:

1. Fill in your name and address of the Home Study Program as it appears on your Declaration of Intent Form.
2. Fill in the beginning and ending dates of the school year as they appear on your Declaration of Intent Form.
3. Indicate which monthly period you are reporting by marking the appropriate number beside the school month.
4. List each student's name as it appears on your Declaration of Intent Form.
5. Mark an "X" in the box for each day that satisfies the instructional requirements for the minimum 180-day school year.
6. Complete the chart for attendance this month and attendance this year for each student.
7. Sign your name and fill in the date you mail or deliver this report to the local school system.

Student	ATT this MO	ATT This YR

Note: This Form is a Fascimiile of DE Form 1110, SY2003-04