

Veterans Memorial HS

STEP 1: Once event has been approved by School Administration

STEP 2: Submit via e-mail 72hrs prior to school function

(not including weekend/holiday) to Ms. Montes and cc Gloria Morales and Lourdes Collaso

*****Be sure to filter student's names alphabetically**

*****Student ID number must be provided*****

STEP 3: Submit to attendance clerk **within 24 hours after the school function.**

Teacher Name: _____ **Be sure to mark students present/absent.**

Activity: _____

Date of Activity: _____

Periods (the students will be out of class): _____

Alphabetically

	ID Number	Last Name	First Name	Present	Absent
Example	11225588	Rodriguez	Danielson	X	
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					

Submit to attendance clerk within 24 hours after the school function.

Teacher Signature: _____

Attendance Clerk Signature: _____

Date turned in: _____