

Risen Star Academy Attendance Form

Student's Name _____
 Grade _____ Year 20____ - 20____

	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	Total Days
Aug.																																
Sept																																
Oct.																																
Nov.																																
Dec.																																
Jan.																																
Feb.																																
Mar.																																
Apr.																																
May																																
June																																
July																																
	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	

Parent's Signature _____ Date _____