

# Saint Michael the Archangel Academy

4790 Irvine Boulevard, Suite 105-286  
 IRVINE, CA 92620-1973  
 (714) 730-9114

20\_\_\_ - 20\_\_\_ ATTENDANCE RECORD

**FIRST QUARTER**

**AUGUST 1 -- OCTOBER 31**

**Filing Due Date: November 1 - 15**

STUDENT NAME: \_\_\_\_\_ AGE: \_\_\_\_\_ GRADE: \_\_\_\_\_

“√” check the date when “PRESENT” by placing your cursor over the appropriate box and hit enter.

For any holidays observed, type the month/day and name on lines provided below calendar.

MONTH	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
AUGUST																															
SEPTEMBER																															
OCTOBER																															

TOTAL DAYS PRESENT \_\_\_\_\_ (Sum of dates checked.)

HOLIDAYS / VACATION DAYS OBSERVED: \_\_\_\_\_

HOLIDAYS / VACATION DAYS OBSERVED: \_\_\_\_\_

HOLIDAYS / VACATION DAYS OBSERVED: \_\_\_\_\_

NAME OF PARENT OR GUARDIAN \_\_\_\_\_

DATE \_\_\_\_\_