

Saint Michael the Archangel Academy

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

20__ - 20__ ATTENDANCE RECORD

FOURTH QUARTER

MAY 1 -- JULY 31

Filing Due Date: August 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
MAY																															
JUNE																															
JULY																															

TOTAL DAYS PRESENT _____ (Sum of dates checked.) GRADUATION _____

HOLIDAYS / VACATION DAYS OBSERVED: _____

HOLIDAYS / VACATION DAYS OBSERVED: _____

HOLIDAYS / VACATION DAYS OBSERVED: _____

NAME OF PARENT OR GUARDIAN _____ DATE _____