

Saint Michael the Archangel Academy

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

200 - 200 ATTENDANCE RECORD

FIRST QUARTER AUGUST 1 -- OCTOBER 31 Filing Due Date: November 1 - 15

STUDENT NAME: _____ AGE: _____ GRADE: _____

“A” -- ABSENT “H” -- HOLIDAY “P” -- PRESENT “V” -- VACATION “W” -- WEEKEND

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 _____ TOTAL DAYS ABSENT _____

HOLIDAYS OBSERVED: _____

SIGNATURE OF PARENT OR GUARDIAN _____ DATE _____

TWENTY DOLLAR FILING FEE MUST ACCOMPANY ORIGINAL FORM, IF POSTMARKED AFTER NOVEMBER 15.