

High School Attendance Monitoring Document

Academic Year: _____ Month: _____
Class/Section: _____
Adviser: _____

No.	Student Name	Week 1				Week 2				Week 3			
		Mon	Tue	Wed	Thu	Mon	Tue	Wed	Thu	Mon	Tue	Wed	Th
1													
2													
3													
4													
5													

Remarks / Notes

Adviser’s Signature:

Name: _____
School Head’s Signature:

Name: _____