

Home School Attendance Report

Marietta City Schools

Complete ALL of the following as it appears on your DECLARATION OF INTENT TO UTILIZE A HOME STUDY PROGRAM.

Parent/Legal Guardian

Address

City/State/Zip Code

School Year _____ Beginning Date _____/_____/_____ Ending Date _____/_____/_____

Submitted to:

Rona D. Roberts, Ph.D.
Marietta City Schools
250 Howard Street
Marietta, Georgia 30060

Student name	Days in month _____																														
	Mark an "X" in the box for each day that satisfies the instructional requirements for the minimum 180-day school year.																														
	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

Student Name	# of days this month	# of days to date

Submitted by: _____ Date: _____
Name of Parent/Legal Guardian

Name of Tutor: _____

Please sign and date as of the day you mail or deliver this report to the local school system.