

Parent Attendance Form

Date:

Student Name:

Class/Grade:

Parent/Guardian Name:

Attendance Record

Date	Present	Absent	Remarks
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

Parent/Guardian Signature:

Date:

Note: By signing above, you confirm and verify the attendance status of your child for the given dates.