

Class Attendance Form Sample

Date:

Class:

Teacher:

No.	Student Name	Present	Absent	Late	Remarks
1	<input type="text" value="Student Name"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text" value="E.g., Participated actively, Home"/>
2	<input type="text" value="Student Name"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
3	<input type="text" value="Student Name"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

General Remarks:

Additional comments about the class as a whole.

Submit Attendance