

## HOME STUDY PROGRAM ATTENDANCE REPORT

Name of Parent or Guardian:	Submitted to: Georgia Department of Education
Address of Parent or Guardian:	County/City School System:
City/State/Zip Code:	Address:
School Year: Beginning Date: ____/____/____ Ending Date: ____/____/____	City/State/Zip Code:
Submitted by: _____ Date: _____	
Signature of Parent or Guardian	

Student Name	Days in Month of _____																															# Days This 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	

### INSTRUCTIONS:

1. Fill in your name and the address of the Home Study Program as it appears on your DECLARATION OF INTENT TO UTILIZE A HOME STUDY PROGRAM.
2. Fill in the beginning and ending dates for the school year as they appear on your DECLARATION OF INTENT TO UTILIZE A HOME STUDY PROGRAM.
3. List each student's name as it appears on your DECLARATION OF INTENT TO UTILIZE A HOME STUDY PROGRAM.
4. Indicate each month and mark an "X" in the box for each day that satisfies the instructional requirements for the minimum 180-day school year.
5. Sign your name and fill in the date of the day you mail or deliver this report to the Georgia Department of Education.