



**DEPARTMENT OF EDUCATION
OFFICE OF THE ADMINISTRATOR
STUDENT SUPPORT SERVICES DIVISION**

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Judith T. Won Pat, Ed. D.
Superintendent of Education

CHRISTOPHER M. ANDERSON
Administrator

**STUDENT'S WEEKLY MONITORING FORM
(Middle School)**

Name of Student: _____ **D.O.B.:** _____

Name of School: _____ **Grade:** _____

From: _____, _____ **Through:** _____, _____

Period	Subject	Teacher	Mon.	Tues.	Wed.	Thurs.	Fri.
Homebase							
1 st period							
2 nd period							
3 rd period							
4 th period							
5 th period							
6 th period							
7 th period							
8 th period							
Parent's Initial:							

WARNING TO STUDENT: You are liable in Court for any false entry made on this form. Submit monitoring form to the School Attendance Officer weekly/daily, or as instructed by the School Attendance Officer.

Student's Signature: _____ Date: _____

School Attendance Officer: _____ Date: _____