

ATTENDANCE RECORD

	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	Month Total	YTD
Sept																																	
Oct																																	
Nov																																	
Dec																																	
Jan																																	
Feb																																	
March																																	
April																																	
May																																	
June																																	
July																																	
Aug																																	

Parent/Guardian's Name (please print): _____

Child's Name: _____

School Year: _____

All nonpublic schools must provide the minimum aggregate hours.
 360 hours for kindergarten
 720 hours for grades 1-3
 1080 hours for grades 4-12

When your school year is complete please mail a copy of your attendance to the Stillwater County Superintendent of School's Office, PO Box 970, Columbus, MT 59019. **(Note: you can create your own attendance form, use this sample, or email mrstrom@stillwatercountymt.gov stating you have completed the minimum aggregate hours for the school year.)**