

**Laurens County Board of Education**  
**Home Study Program Monthly Attendance Report**

Name of Home Study Program: \_\_\_\_\_ Submitted to: Laurens County Schools

Address of Home Study: \_\_\_\_\_ County/City School System: Laurens County

City/State/Zip Code: \_\_\_\_\_ Address: 467 Firetower Road

School Year: \_\_\_\_\_ Beginning Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Ending Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ City/State/Zip Code: Dublin, Georgia 31021

Student Name	Day in Month of: _____																															# Days this Month	# Days Year to Date								
	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										

Submitted By: \_\_\_\_\_ Signature of Parent/Guardian Date: \_\_\_\_\_

**INSTRUCTIONS:**

1. Fill in the name and 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 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 appear 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 local school superintendent's office.