



Parental/Guardian Classroom Instruction Sign-In Sheet

Location _____

Instructor's Name	Date (MM/DD/YYYY)	Start Time (hh:mm)	End Time (hh:mm)
-------------------	-------------------	--------------------	------------------

No.	Printed Parent/Guardian Name	Signed Parent/Guardian Name	Student Representing
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			