

Department of Education  
HOME STUDY PROGRAM MONTHLY ATTENDANCE REPORT

Name of Home Study Program: \_\_\_\_\_  
 Address of Home Study: \_\_\_\_\_  
 City/State/Zip Code: \_\_\_\_\_

Submitted to: \_\_\_\_\_  
 County/City School System: \_\_\_\_\_  
 Address/City/ST/Zip: \_\_\_\_\_

School Year: Beginning Date: \_\_\_/\_\_\_/\_\_\_

Ending Date: \_\_\_/\_\_\_/\_\_\_

Submitted by: \_\_\_\_\_  
 Signature of Parent or Guardian

Date: \_\_\_\_\_

Days in Month of \_\_\_\_\_

Student Name	Days in Month of _____																															# Days					
	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	This Month	# Days Year to Date				

**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 local school superintendent's office.

Georgia Department of Education  
 Kathy Cox, State Superintendent of Schools  
 July 04