PARENT ATTENDANCE / Sign-In Sheet

Date: _____

Staff/Sign In: _____

_____

Location: _____ Event's Total Hrs.: _____

Event: (circle one) Family Engagement Activity Parent Mtg Parent Advisory Mtg Health Dept

Other: _____

Parent/Adult Signature	Enrolled Child Fist and Last Name	Total Travel Time	Total Mileage

Staff emails or faxes to Program Support & Ed Coaches. Program support copies the sign in for DMT.