**Sign In Sheet for HS/Blended/GSRP Open House & Health Days**

**PARENT ATTENDANCE / Sign-In Sheet Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Staff/Sign In:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Classroom: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Event’s Total Hrs.: \_\_\_\_\_\_**

**Event: (circle one) Open House Health Dept**

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

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**8/23 Distribution**: Teacher / FES saves and emails notes & sign in to ED Coach., SS, FES Supervisor & DMT—Chris Welton