

CO-CURRICULAR FORM

SPONSORING TEACHER:

NAME OF EVENT:

DATE(S) OF EVENT:

PERIODS OF ABSENCE (PLEASE MARK WITH X):

1	2	3	4	5	6	7	8	ALL DAY

Please list students alphabetically

1.	_____	23.	_____
2.	_____	24.	_____
3.	_____	25.	_____
4.	_____	26.	_____
5.	_____	27.	_____
6.	_____	28.	_____
7.	_____	29.	_____
8.	_____	30.	_____
9.	_____	31.	_____
10.	_____	32.	_____
11.	_____	33.	_____
12.	_____	34.	_____
13.	_____	35.	_____
14.	_____	36.	_____
15.	_____	37.	_____
16.	_____	38.	_____
17.	_____	39.	_____
18.	_____	40.	_____
19.	_____	41.	_____
20.	_____	42.	_____
21.	_____	43.	_____
22.	_____	44.	_____

TEACHERS: Please turn in this list the day before you leave. Also, notify the office of any changes immediately prior to leaving campus.