

WEEKLY ATTENDANCE SHEET

	Monday	Tuesday	Wednesday	Thursday	Friday
Child Name	Attendance	Attendance	Attendance	Attendance	Attendance
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
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32					
33					
34					
35					



Week Of: _____

Program/School Name: _____

Signature of Server: _____

All Meal Counts MUST be called in DAILY.

Kitchen: 419-720-1106

Fax: 419-243-9960

These sheets MUST be sent into Connecting Kids To Meals EVERY week.

ODE mandates that attendance of participating students (enrolled and those from the community) must be taken daily. First AND last names must be listed.