

## 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					
13					
14					
15					
16					
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32					
33					
34					
35					



Week Of: \_\_\_\_\_

Program/School Name: \_\_\_\_\_

Signature of Server: \_\_\_\_\_

**ALL MEAL COUNT CHANGES MUST BE CALLED INTO THE KITCHEN.**

**Kitchen: 419-720-1106  
Fax: 419-243-9960**

**These sheets MUST be sent into Connecting Kids To Meals EVERY week. Please email to: [Katelin@ConnectingKidsToMeals.org](mailto:Katelin@ConnectingKidsToMeals.org)**

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