QuarkNet – Years 3+

Attendance Sheet

# Fill in dates in top line. Center name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Please print name in first column and mark the dates you were present. Sign the form at the end of the week.

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| Printed Name |  |  |  |  |  |  | Signature |
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I certify that the above teachers attended QuarkNet follow-on days on the dates noted above.

Mentor Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_