

Berean Christian High School Independent Study Program

ATTENDANCE SUMMARY

Student Name: _____

Grade _____

School Year 2020-2021																																		
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31			
AUGUST																																		
SEPTEMBER												ACT																						
OCTOBER																								ACT										
NOVEMBER																																		
DECEMBER												ACT																						
JANUARY									G/A																									
FEBRUARY						ACT																												
MARCH																																		
APRIL																	ACT																	
MAY																																		
JUNE												ACT																						
JULY																	ACT																	
Indicate with a checkmark those days that you have schooled at least 4 hours																																		
G/A Curriculum Worksheet & Attendance Certification																																		