

Regular attendance form (for the whole Year)

Full name of the child : _____

Class: _____

I would like to register my child for the following days and time slots throughout the school year 2019/2020 (Please tick the boxes for periods of attendance).

Time slots	Monday	Tuesday	Wednesday	Thursday	Friday
7 :00 - 7 :30					
7 :30 - 8 :00					
8 :00 – 12 :00	Lessons	Lessons	Lessons	Lessons	Lessons
12 :00 – 13 :00	Compulsory Attendance		Compulsory Attendance		Compulsory Attendance
13 :00 – 14 :00	Compulsory Attendance		Compulsory Attendance		Compulsory Attendance
14 :00 – 15 :00	Lessons		Lessons		Lessons
15 :00 – 16 :00	Lessons		Lessons		Lessons
16 :00 – 17 :00					
17 :00 – 17 :30					
17 :30 – 18 :00					
18 :00 – 18 :30					
18 :30 – 19 :00					

❖ Tick the boxes of the child's presence

Remarks :

Date et signature : _____