

# Attendance Record

	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	Month Total		
Sept																																		
Oct																																		
Nov																																		
Dec																																		
Jan																																		
Feb																																		
Mar																																		
April																																		
May																																		
June																																		
July																																		
Aug																																		

Year Total

Parent/Guardian Name (please print): \_\_\_\_\_

School Year: \_\_\_\_\_

Address: \_\_\_\_\_

Student's Name: \_\_\_\_\_

***May be returned to:***  
**Flathead County Superintendent's Office**  
 290 C N. Main St.  
 Kalispell, Montana 59901  
***or email to:***  
[sscontactus@flathead.mt.gov](mailto:sscontactus@flathead.mt.gov)

***All nonpublic schools must provide the minimum aggregate hours.***  
 360 hours for Kindergarten  
 720 hours for grades 1-3  
 1080 hours for grades 4-12