

**SCHOOL DISTRICT OF ST. LUCIE COUNTY  
COMMUNITY SERVICE  
Attendance Record**

School Month \_\_\_\_\_

School \_\_\_\_\_

Name of Student \_\_\_\_\_

Address \_\_\_\_\_

Grade \_\_\_\_\_ Telephone \_\_\_\_\_

Assigned Hours \_\_\_\_\_

Agency \_\_\_\_\_

DATE	ARRIVED	LEFT	TOTAL HOURS	WAGES
<b>WEEKLY TOTAL</b>				
<b>WEEKLY TOTAL</b>				
<b>WEEKLY TOTAL</b>				
<b>WEEKLY TOTAL</b>				
<b>WEEKLY TOTAL</b>				
<b>MONTHLY TOTAL</b>				

\_\_\_\_\_  
Student's Signature Date

\_\_\_\_\_  
Teacher/Coordinator Signature Date