

**Lincoln High School
TARDY SIGN-IN LOG
School Year _____**

Room # _____ Teacher: _____

DATE	Period 1,2,3,4,5,6	Time	First and Last Name - Please print your name clearly. If your name is not readable then we will not be able to change your absence.

This form should be submitted to the Attendance Office every period. Room 407, room 607 or Admin Office.
Submitted and verified by:

Teacher's name

Teacher's Signature & Date

Attendance Clerk & Date