Lincoln High School
TRUANCY SIGN-IN LOG
School Year 2017-18

Room # _____ Teacher: _____

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

This form should be submitted to the Attendance Office every day. Room 407, 607, or Admin Office.

Submitted and verified by:

_____	_____	_____
Teacher's name	Teacher's Signature & Date	Attendance Clerk & Date