

Teacher Cycle Attendance Membership Roster

Midland ISD - 165901

Campus Name

For Semester _____ Cycle _____ as of _____

Number of Students: In Membership - _____ ADA Total - _____

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I hereby affirm that the information appearing in this report is based on data appearing in the official pupil attendance accounting records. And that such information is true and correct to the best of my knowledge and belief.

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Campus Attendance Clerk, Print

Date

Campus Attendance Clerk, Signature

Campus Principal, Print

Date

Campus Principal, Signature