Alternate Attendance

This form must be completed each time attendance is taken during an alternate time/class period rather than your official ADA time/class period. For example: delayed start due to testing, adjusted student schedules due to testing, State administered testing, delayed start due to safety or health reasons, etc. These documents must be retained for audit purposes and are to be turned in at the end of the year. For secondary campuses only, a copy of the bell schedule that shows the date, time, and/or period for the alternate schedule must be attached to this form.

CAMPUS:	DATE:
REASON FOR ALTERNATE ATTENDANCE:	
Please Check One:	
Non-Testing Students - Delayed Start	
Testing Students - State Administered Testing (i.e. STARR/EOC)	
Testing Students - District Testing with Adjusted Schedule (i.e. Final Exams, Benchmark, PSAT)	
Delayed Start Due to Health or Safety Reasons (i.e. Weather, Flooding)	
Other, please explain	
SECONDARY ONLY: Attach a copy of the bell schedule that shows the period and time.	
Official Alternate Attendance Time*:ar	nd Alternate Class Period (if being held):
 The official alternate attendance time must be filled out. Complete the alternate class period when necessary. 	
ELEMENTARY ONLY:	
Official Alternate Attendance Time:	_

Attendance Clerk: _____

Signature

Date

Principal: _____

Signature

Date

A.G. 03/27/2015