

2024-2025

Brownsville I.S.D.

End of 1st & 4th Six Weeks Reconciliation Second Period Attendance Verification

Campus

Date: _____

Six Weeks: _____

Teacher's Name: _____
(Please Print)

Number of Students enrolled in my class this period: (2 nd Period)	9 th	_____
	10 th	_____
	11 th	_____
	12 th	_____
	Total	_____

Instruction to teachers:

Include in this count any student who is registered for your class during this period. If a student is absent, the student should be counted since the student is registered for your class. Eligibility is not a factor in determining the number of students registered for your class. If students withdrew from your class yesterday do not count them.

(Principal Signature)

(PEIMS Supervisor Signature)

(Teacher Signature)