

Home School Attendance Record

School Year 2025 to 2026

Student Name _____ Grade Level _____ Date of Birth _____ Age as of Sept. 1 _____

Parent/Guardian Name _____ Address _____ Phone _____

Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	TOTAL
August																																
September																																
October																																
November																																
December																																
January																																
February																																
March																																
April																																
May																																
June																																
July																																
Parent/Guardian Signature: _____																						Date: _____					Total Days: _____					

Please total the number of days for each month in the last column under "Total". It is not required that school attendance is reported on this form, but daily attendance must be documented in some form and a copy submitted at the end of each academic year to:

Westerly Public Schools
 Assistant Superintendent
 23 Highland Avenue
 Westerly, RI 02891

Phone: 401-315-1503/ Fax: 401-348-2707