



Pioneer High School

417 South Chicago St. – PO Box 547 Royal Center, IN 46978

Phone: 574-643-3145 - Fax: 574-643-2020

2014-15 Attendance Log for eLearning Day

NAME _____ DATE _____

CLASS PERIOD	SUBJECT	ASSIGNMENT DESCRIPTION	LOGGED TIME	PARENT INITIALS
1				
2				
3				
4				
5				
6				
7				

I, _____, the parent/guardian of _____, student at Pioneer Jr/Sr High School, understand by signing this document I verify that my student dedicated the indicated amount of time to completing his/her assignments. In addition, **I understand that NOT completing and returning this form as well as the assigned course work, will result in an unexcused absence.**

PARENT SIGNATURE: _____ DATE: _____