

# Creative Pathways Preparatory Academy

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Daytona Beach, FL 32124  
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(904)802-2141

To be completed by the parent/teacher daily and kept as a part of your student's school records. Please remember to also complete the online attendance form as part of your end of year documentation requirements.

STUDENT NAME (First, Middle, Last)	SCHOOL YEAR /	GRADE LEVEL
PARENT NAME (First, Last)	TELEPHONE	

Circle each day of instruction for each month of enrollment.

JANUARY	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	
FEBRUARY	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	_____	TOTAL			
MARCH	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	
APRIL	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	_____	TOTAL		
MAY	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	
JUNE	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	_____	TOTAL		
JULY	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	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	
SEPTEMBER	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	_____	TOTAL		
OCTOBER	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	
NOVEMBER	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	_____	TOTAL		
DECEMBER	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	
																	_____	TOTAL DAYS

I attest that my student has completed the required 180 days of instruction, its equivalency in instructional hours or a full year's curriculum as required by Florida law.

PARENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_