

Enrollment
Minimum: _____
Maximum: _____

**Greenville Central School District
 Course Attendance Verification Form
 Course Number: _____**

Course Name: _____

Instructor: _____

of _____ clock hours

Directions to Instructor: Insert date/time of classes for each column. Have participants initial date/time to verify attendance. At conclusion of course, sign form. Send original to District Office. Keep a copy for your records.

Directions to Participants: Please initial to verify your attendance.

| Name (Please print) | Date/ Time | Date/ Time | Date/ Time | Date/ Time | Date/ Time | Date/ Time | Date/ Time | Date/ Time | Date/ Time | Date/ Time |
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_____ **Signature of Instructor**