**HS and EHS Event Sign In**

**PARENT ATTENDANCE / Sign-In Sheet Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Staff/Sign In: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Event’s Total Hrs.: \_\_\_\_\_\_**

**Event: (circle** **one) Open House Parent Advisory Committee Meeting**

 **Family Engagement Workshop Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

   **Enrolled Child**  **EHS or**   **Parent/Adult Signature First and Last Name**  **HS Travel Time Mileage**

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**8/23 Distribution**: Coordinator and FSS who send on to DMT