_____

_____

_____

_____

Case Name:_____

Case Number:_____

Worker Name:_____

Worker Telephone:_____

In order to receive supportive services for transportation and/or child care, we need you to provide information about your school attendance. Failure to provide this information could mean the loss of your supportive services and/or a Welfare-to-Work sanction.

Submit This Report to Your Worker by: _____.

Name of School:_____ **Report Month/Year:** _____

WEEK 1:   **Dates** _____ **to** _____

Enter the NUMBER of hours for each activity:

Activity	Mon	Tue	Wed	Thu	Fri	Sat	Total
Class/Lecture							
Supervised Lab							
Supervised Study							

WEEK 2:   **Dates** _____ **to** _____

Enter the NUMBER of hours for each activity:

Activity	Mon	Tue	Wed	Thu	Fri	Sat	Total
Class/Lecture							
Supervised Lab							
Supervised Study							

WEEK 3:   **Dates** _____ **to** _____

Enter the NUMBER of hours for each activity:

Activity	Mon	Tue	Wed	Thu	Fri	Sat	Total
Class/Lecture							
Supervised Lab							
Supervised Study							

WEEK 4:   **Dates** _____ **to** _____

Enter the NUMBER of hours for each activity:

Activity	Mon	Tue	Wed	Thu	Fri	Sat	Total
Class/Lecture							
Supervised Lab							
Supervised Study							

WEEK 5:   **Dates** _____ **to** _____

Enter the NUMBER of hours for each activity:

Activity	Mon	Tue	Wed	Thu	Fri	Sat	Total
Class/Lecture							
Supervised Lab							
Supervised Study							

Are you still enrolled in school?

YES ☐   NO ☐

If NO, what date did you stop attending? _____

Have you:

Dropped class(es)? YES ☐ NO ☐

Which class(es)_____

Added class(es)? YES ☐ NO ☐

Which class(es)_____

Did you miss any school days in the month? YES ☐ NO ☐

If yes, date(s) missed: _____
_____

Reason(s): _____
_____
_____
_____

Reason for Absence:
CI=Child Illness
SI=Self Illness
H=Holiday
SB=Semester Break
CC=Child Care Issues
O = Other (explain)

If you are absent for more than 3 days, provide documentation for absence to your ECM.

Total Monthly Hours:

Contact your Employment Case Manager to report any changes in your school activity.

Submit this form and a CURRENT copy of your school registration information to your ECM.

CERTIFICATION - I certify that the information provided on this form is true and correct.

Participant signature: _____ Date: _____

Education Enrollment/Participation Verified By: _____ Title: _____

Signature: _____ Date: _____ Telephone: _____