EDUCATION DEPARTMENT
300 BOSTON POST ROAD
WEST HAVEN, CT 06516
FAX: 203-931-6079

INTERN ATTENDANCE FORM

Check Appropriate Trimester:
FALL___WINTER___ SPRING___, 20____

DISTRICT:_____SCHOOL:_____

INTERN(S)	#ABSENCES	DATES ABSENCES

SIGNED_____POSITION_____

PLEASE COMPLETE AND FAX THIS FORM TO NICHOLAS MAIORINO, EDUCATION DEPARTMENT, AT THE NUMBER LISTED ABOVE BY THE DATE INDICATED. THANK YOU FOR YOUR COOPERATION.

DUE DATES:	**FALL TRIMESTER**	**DECEMBER 20**
	WINTER TRIMESTER	**APRIL 1**
	SPRING TRIMESTER	**JUNE 30**