



Sacramento City Unified School District
Child Development Department

Date: _____

PARENT MEETING SIGN IN SHEET

Topic: _____

Teacher: _____ Site: _____ Room: _____

- HS/State Full Day
- HS/State Wrap
- HS part day
- State part day

| | CHILD'S NAME Please print | PARENT'S NAME Please print and Circle one letter for Male or Female |
|-----|------------------------------|--|
| 1. | | ..M ..F |
| 2. | | ..M ..F |
| 3. | | ..M ..F |
| 4. | | ..M ..F |
| 5. | | ..M ..F |
| 6. | | ..M ..F |
| 7. | | ..M ..F |
| 8. | | ..M ..F |
| 9. | | ..M ..F |
| 10. | | ..M ..F |
| | | F |
| 13. | | ..M ..F |
| 14. | | ..M ..F |
| 15. | | ..M ..F |
| 16. | | ..M ..F |
| 17. | | ..M ..F |
| 18. | | ..M ..F |
| 19. | | ..M ..F |
| 20. | | ..M ..F |
| 21. | | ..M ..F |
| 22. | | ..M ..F |
| 23. | | ..M ..F |
| 24. | | ..M ..F |
| 25. | | ..M ..F |

For Clerk: Date entered into Child Plus: _____ Clerk Initials: _____