



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: _____