



Saturday School Attendance Record

Orange Unified School District

***Nutritional Break**
**Not included in instructional time*

Start Time **End Time**

_____ - _____

If break is not provided please enter N/A

School Site: _____

Start Time

End Time

Teacher: _____

Date: _____

ADA Recovery

	Student Name	ID Number	Grade	Time In	Time Out
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					

ADA Day (Y/N)*	Original Absence Date	Original Absence Verification Code

To be completed by school site Attendance Clerk

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Total ADA Days Recouped

 Teacher Signature

 Date

To the best of my knowledge, the information contained on this attendance sheet is accurate and complete.

If ADA Apportionment was earned, original absence code with be replaced with code "Z"

****Apportionment (ADA) can be claimed only if the day being made up was a full day absence.***