

**MAKE-UP WORK REPORT
SCHOOL ACTIVITY**

STUDENT'S NAME _____ DATE ABSENT _____

ACTIVITY _____

CLASS _____ TEACHER'S SIGNATURE VERIFYING WORK HAS BEEN MADE UP. _____

1 _____

2 _____

3 _____

4 _____

5 _____

6 _____

7 _____

8 _____

9 PARENT SIGNATURE _____

HAVE THIS FORM COMPLETED FOR EVERY HOUR OF THE DAY. WHEN COMPLETED, RETURN TO YOUR SPONSOR FOR THIS ACTIVITY.
THIS MUST BE COMPLETED AND RETURNED TO YOUR SPONSOR BEFORE YOU WILL BE ALLOWED TO ATTEND THE ACTIVITY.

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