



Class Dates: _____ **Teacher(s)** _____ **School/District** _____ **Academy#** _____
Address _____ **City** _____ **State** _____ **Zip Code** _____
Telephone # _____ **Email Address** _____ **School NCESSCH ID#(12 digit id number)** _____

**Please alphabetize and write full names of teachers, aides & volunteers at the end of the list.*

NAME	M/F	CALL SIGN	Military	Day 1	Day 2	Day 3	Day 4	Day 5
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2.								
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NAME	M/F	CALL SIGN	Military					

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36.								
Teacher								
Other								
Other								