



Sacramento City Unified School District  
Child Development Department

Date: \_\_\_\_\_

**PARENT MEETING SIGN-IN SHEET**

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
11.		M F
12.		M 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
26.		M F