



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.		<input type="checkbox"/> M <input type="checkbox"/> F
2.		<input type="checkbox"/> M <input type="checkbox"/> F
3.		<input type="checkbox"/> M <input type="checkbox"/> F
4.		<input type="checkbox"/> M <input type="checkbox"/> F
5.		<input type="checkbox"/> M <input type="checkbox"/> F
6.		<input type="checkbox"/> M <input type="checkbox"/> F
7.		<input type="checkbox"/> M <input type="checkbox"/> F
8.		<input type="checkbox"/> M <input type="checkbox"/> F
9.		<input type="checkbox"/> M <input type="checkbox"/> F
10.		<input type="checkbox"/> M <input type="checkbox"/> F
11.		<input type="checkbox"/> M <input type="checkbox"/> F
12.		<input type="checkbox"/> M <input type="checkbox"/> F
13.		<input type="checkbox"/> M <input type="checkbox"/> F
14.		<input type="checkbox"/> M <input type="checkbox"/> F
15.		<input type="checkbox"/> M <input type="checkbox"/> F
16.		<input type="checkbox"/> M <input type="checkbox"/> F
17.		<input type="checkbox"/> M <input type="checkbox"/> F
18.		<input type="checkbox"/> M <input type="checkbox"/> F
19.		<input type="checkbox"/> M <input type="checkbox"/> F
20.		<input type="checkbox"/> M <input type="checkbox"/> F
21.		<input type="checkbox"/> M <input type="checkbox"/> F
22.		<input type="checkbox"/> M <input type="checkbox"/> F
23.		<input type="checkbox"/> M <input type="checkbox"/> F
24.		<input type="checkbox"/> M <input type="checkbox"/> F
25.		<input type="checkbox"/> M <input type="checkbox"/> F

For Clerk: Date entered into Child Plus: \_\_\_\_\_ Clerk Initials: \_\_\_\_\_