



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.		..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
		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

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