Enrollment
Minimum: _____
Maximum: _____

Greenville Central School District
Course Attendance Verification Form
Course Number Goes Here
Course Name Goes Here
Instructor: Name Goes Here
# of ____ clock hours

Directions to Instructor: Insert date/time of classes for each column. Have participants initial date/time to verify attendance. At conclusion of course, sign form. Send original to District Office. Keep a copy for your records.

Directions to Participants: Please initial to verify your attendance.

Name (Please print)	Inservice Hours	Prof. Hours	Date/Time	Date/Time	Date/Time	Date/Time	Date/Time	Date/Time	Date/Time

_____
Signature of Instructor