Excused Absences and Non-Participant Meals

Excused Absence

Participant	Monday	Tuesday	Wednesday	Thursday	Friday

Non-Participant Meals

	B	A	L	P	B	A	L	P	B	A	L	P	B	A	L	P	B	A	L	P
Total Adult Meals																				

If no meals are served enter a "0" (zero). Do not leave any blank spaces. Only count adult staff members. Do not count adult visitors.

Signed_____ **Date** _____

Teachers are to sign and date this form.