



Parent Language Log

Child's Name: _____

Parent's Name: _____

Date	Sign-In Time	Sign-Out Time	Initials	Language Dept. Teacher Signature

of classes required to receive maximum credit

August (4)

January (6)

June (2)

September (8)

February (8)

July (2)

October (6)

March (6)

November (6)

April (8)

December (4)

May (8)