  BISD Adult Continuing Education Consortium for Cameron County

 **Dr. Jesus H. Chavez Ricardo Rivera**

 **Interim Superintendent Director**

**Instructor name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Program:**[ ] **ESL or** [ ] **GED**

**Location \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time Class Meets: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Directions: Enter the name of the student, date of correction, reason for correction, and initial. Submit this form with your student attendance sheets, and your original TEAMS attendance with corrections in red ink. This form needs to be completed in BLUE or RED ink. Reasons may include, but are not limited to: incorrect calculation, teacher absent, student absent, etc.**

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| **ATTENDANCE VERIFICATION** |
| **Student Name** | **Error Date** | **Reason for Correction(s)** | **Teacher****Initials/Date** |
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**Brownsville Independent School District Adult Continuing Education Department 708 Palm Blvd. Brownsville, Texas 78520**

**Phone (956) 548-8175, Fax: (956) 548-7904**