

* Total mins. EVERY day
 * Parent sig. @ end of month
 * BOOK TITLE!!

Month November

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28

Student Name

Parent Signature

Total Hours
