

OPOTC STUDENT SIGN-IN SHEET

SCHOOL NAME _____

SCHOOL NUMBER _____ DATE _____

TOPIC & TITLE # _____	FROM _____	TO _____	HOURS _____	INSTRUCTORS (CIRCLE) _____
TOPIC & TITLE # _____	FROM _____	TO _____	HOURS _____	INSTRUCTORS (CIRCLE) _____
TOPIC & TITLE # _____	FROM _____	TO _____	HOURS _____	INSTRUCTORS (CIRCLE) _____
TOPIC & TITLE # _____	FROM _____	TO _____	HOURS _____	INSTRUCTORS (CIRCLE) _____
TOPIC & TITLE # _____	FROM _____	TO _____	HOURS _____	INSTRUCTORS (CIRCLE) _____

A	B	C	D	E	F	G	H
A	B	C	D	E	F	G	H
A	B	C	D	E	F	G	H
A	B	C	D	E	F	G	H
A	B	C	D	E	F	G	H

TOTAL HOURS FOR THE DAY: _____

STUDENT NAME (ALPHABETICAL)	SIGNATURE	TIME IN	TIME OUT	TIME IN	TIME OUT	TIME IN	TIME OUT	HOURS ABSENT	HOURS PRESENT
1.									
2.									
3.									
4.									
5.									
6.									
7.									
8.									
9.									
10.									
11.									
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17.									
18.									
19.									
20.									
21.									
22.									
23.									
24.									
25.									

INSTRUCTOR "A" SIGNATURE/CERT #

INSTRUCTOR "B" SIGNATURE/CERT #

INSTRUCTOR "C" SIGNATURE/CERT #

INSTRUCTOR "D" SIGNATURE/CERT #

INSTRUCTOR "E" SIGNATURE/CERT #

INSTRUCTOR "F" SIGNATURE/CERT #

INSTRUCTOR "G" SIGNATURE/CERT #

INSTRUCTOR "H" SIGNATURE/CERT #

COMMANDER SIGNATURE

COMMENTS _____
