OPOTC STUDENT SIGN-IN SHEET

SCHOOL NAME _____ SCHOOL NUMBER _____ DATE _____

TOPIC & TITLE # _____ FROM _____ TO _____ HOURS _____ INSTRUCTORS (CIRCLE) A B C D E F G H
TOPIC & TITLE # _____ FROM _____ TO _____ HOURS _____ INSTRUCTORS (CIRCLE) A B C D E F G H
TOPIC & TITLE # _____ FROM _____ TO _____ HOURS _____ INSTRUCTORS (CIRCLE) A B C D E F G H
TOPIC & TITLE # _____ FROM _____ TO _____ HOURS _____ INSTRUCTORS (CIRCLE) A B C D E F G H
TOPIC & TITLE # _____ FROM _____ TO _____ HOURS _____ INSTRUCTORS (CIRCLE) 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.									
12.									
13.									
14.									
15.									
16.									
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 _____