

WORKSITE ATTENDANCE FORM

DeForest Area School District

Take Your Child To WorkSM Day

DATE: _____

_____ attended work with
(name of student)

_____, at
(name of adult)

the following worksite:

Business/Employer _____

Address _____

Telephone () _____

Employer/Business Signature _____

Parent/Guardian Signature _____

To be filled out and returned to the student's school office by
