

# October 2008

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	29	30	31	

Total Minutes  
 \_\_\_\_\_

Total Minutes  
 \_\_\_\_\_

Total Minutes  
 \_\_\_\_\_

Total Minutes  
 \_\_\_\_\_

Total Minutes  
 \_\_\_\_\_

Parent Signature: \_\_\_\_\_
 Student: \_\_\_\_\_

Note to Teacher: