



Eastmoor Academy
COLUMBUS CITY SCHOOLS
2018-19 INTERNSHIP ATTENDANCE SLIP

| | |
|---------------------|-----------|
| Student Name: | |
| Date: | |
| Total Hours Worked: | |
| Mentor Name: | Location: |

Mentor Signature: _____ Phone: _____

The signature above confirms that this student was in attendance on the above referenced date at the listed location for their internship as stipulated by Columbus City Schools for the specified number of hours.



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