

2024 - 2025 CMCSS FIT ACCOUNTABILITY FORM

****PLEASE PLACE A "✓" IN THE SPACE PROVIDED IF THE STUDENT RIDES. IF THE STUDENT IS NOT THERE, PLEASE PLACE AN "X" IN THE SPACE. PLEASE TURN IN FORM AT THE END OF EVERY MONTH**

Bus # _____

Month _____

Student Name: _____

School: _____

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| | 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 | |
| AM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Student Name: _____

School: _____

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| | 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 | |
| AM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Student Name: _____

School: _____

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| | 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 | |
| AM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |