## Elkins High School — 2024-25

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Student Name/ID:_		Tea	Teacher & Course	
Number of hours to recover:	to recover:	_ Assi	Assistant Principal:	
Date began		Com	Completion Date:	
Date	Time in	Time out	Teacher Name	Teacher Signature
				3

 $\hat{\lambda}$  Filled out by the office: Total Hours Completed: Confirmed by: