# Monthly Attendance/Eligibility Roster

Site/Classroom: _____ Month/Year: _____

| Legal Name (Last, First): | Free | Reduced | Paid | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Monthly Totals |
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| Total Free/Reduced/Paid | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Total Daily Attendance | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |