

KENNARD HIGH SCHOOL/END OF YEAR CHECK LIST ROOM # _____

Each teacher or staff must have all items checked-off OR accounted for before they can pick up their JUNE check.

NAME: _____ PRINCIPAL'S SIGNATURE: _____

Items to be turned in:

Grade Book	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> DOESN'T APPLY
Keys (List on separate sheet)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> DOESN'T APPLY
Faculty Handbook	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> DOESN'T APPLY
Inventory Sheet	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> DOESN'T APPLY
Grades Recorded/Completed	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> DOESN'T APPLY

Above Records Clear: YES NO Mrs. Bobbitt's Signature _____

Books: Under each section, LIST the names that apply. (IF there's not enough room, please attach list)

Turned In To Book Room	Left In Classroom	# of books left in room	Will keep & use over summer

Above Records Clear: YES NO Mrs. Morgan's Signature _____

Teacher Manuals: Under each section, LIST the names that apply. (IF there's not enough room, please attach list)

Turned In To Book Room	Left In Classroom	# of books left in room	Will keep & use over summer

Lunch Bill Clear: YES NO Ms. Fisher's Signature _____

Library/Equipment Returned: YES NO Mrs. Pilkington's Signature _____

Payroll Checks during summer: Mailed Pick Up

Name: _____

Address _____

City/ST/Zip _____ Telephone # _____

