



pennsylvania
DEPARTMENT OF AGRICULTURE

FARM CITY

HOME SCHOOL CHECK-IN SHEET

Date _____

Total number of Students _____

Total number of Adults _____

Grade Level of Students _____

Guardian Name _____

Student(s) Name _____

Contact Number _____

(cell phone if possible in-case we need to find them during the event)

Mode of Transportation _____

Make/Model/Color of Car _____

License Plate Number _____

Parked vehicle where _____

Arrival Time _____

Departure Time _____

Signature _____

E-mail address _____