New Visions Academy: Please Submit to Sandra for Attendance List STUDENT ID: _____ STUDENT NAME: ADMINISTRATOR: WEDNESDAY ____ MONDAY ____ THURSDAY TUESDAY BUS #____ PICK-UP____ WALK____ New Visions Academy: Please Submit to Sandra for Attendance List STUDENT ID: ____ STUDENT NAME: _____ ADMINISTRATOR: _____ MONDAY WEDNESDAY _____ THURSDAY _____ TUESDAY _____ BUS #____ PICK-UP____ WALK____