

Classroom Checklist

Please fill out your class and teacher name and list the children in your class who will be participating in the photoshoot. Please indicate whether there is a sibling we need to be aware of to ensure we capture this photo for the parent.

Teacher: _____

Class/Room: _____

	child first name	sibling (check if yes)		child first name	sibling (check if yes)
1.			16.		
2.			17.		
3.			18.		
4.			19.		
5.			20.		
6.			21.		
7.			22.		
8.			23.		
9.			24.		
10.			25.		
11.			26.		
12.			27.		
13.			28.		
14.			29.		
15.			30.		