[Church Name]

Sunday School Activity Quarterly Report Form
Quarter Ending [Date]

SS (Sunday School) Class (Age Group): _____

SS Teacher/Director's Name: _____

SS Teacher/Director's Phone Number: _____

Number of Classes: _____ **Total Enrolled:** _____ **Average Attendance:** _____

Number of Visitors: _____ **New Pupils:** _____ **Saved:** _____ **Sanctified:** .

Holy Ghost: _____

Sunday School Activities During This Quarter: _____

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Comments: _____

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Sunday School Teacher/Director's Signature   Date