

Attendance Record: First Semester **9TH-12TH** DUE BY JANUARY 10TH

(This report needs to be submitted to the school office at the end of the semester—no later than January 10th)

Student's Name _____

July 2007

SUN	MON	TUE	WED	THU	FRI	SAT	Total Days for the Week
1	2	3	4	5	6	7	
8	9	10	11	12	13	14	
15	16	17	18	19	20	21	
22	23	24	25	26	27	28	
29	30	31					

Total school days for the month:

August 2007

SUN	MON	TUE	WED	THU	FRI	SAT	Total Days for the Week
			1	2	3	4	
5	6	7	8	9	10	11	
12	13	14	15	16	17	18	
19	20	21	22	23	24	25	
26	27	28	29	30	31		

Total school days for the month:

September 2007

SUN	MON	TUE	WED	THU	FRI	SAT	Total Days for the Week
						1	
2	3	4	5	6	7	8	
9	10	11	12	13	14	15	
16	17	18	19	20	21	22	
23	24	25	26	27	28	29	
30							

Total school days for the month:

October 2007

SUN	MON	TUE	WED	THU	FRI	SAT	Total Days for the Week
	1	2	3	4	5	6	
7	8	9	10	11	12	13	
14	15	16	17	18	19	20	
21	22	23	24	25	26	27	
28	29	30	31				

Total school days for the month:

November 2007

SUN	MON	TUE	WED	THU	FRI	SAT	Total Days for the Week
				1	2	3	
4	5	6	7	8	9	10	
11	12	13	14	15	16	17	
18	19	20	21	22	23	24	
25	26	27	28	29	30		

Total school days for the month:

December 2007

SUN	MON	TUE	WED	THU	FRI	SAT	Total Days for the Week
						1	
2	3	4	5	6	7	8	
9	10	11	12	13	14	15	
16	17	18	19	20	21	22	
23	24	25	26	27	28	29	
30	31						

Total school days for the month:

(Please complete Grade Report also and submit)

Total school days for this Semester:

GRADE AVERAGE REPORT: FIRST SEMESTER

DUE JAN 10TH

9TH- 12TH

—Student can only earn a **full** credit if the subject **workbook** has been **completed**.

Subject	Grade Average	Subject Completed
Bible		<input type="checkbox"/> No <input type="checkbox"/> Yes
English I		<input type="checkbox"/> No <input type="checkbox"/> Yes
English II		<input type="checkbox"/> No <input type="checkbox"/> Yes
English III		<input type="checkbox"/> No <input type="checkbox"/> Yes
English IV		<input type="checkbox"/> No <input type="checkbox"/> Yes
Writing Skills		<input type="checkbox"/> No <input type="checkbox"/> Yes
General Math		<input type="checkbox"/> No <input type="checkbox"/> Yes
Business Math		<input type="checkbox"/> No <input type="checkbox"/> Yes
Pre-Algebra		<input type="checkbox"/> No <input type="checkbox"/> Yes
Algebra I		<input type="checkbox"/> No <input type="checkbox"/> Yes
Algebra II		<input type="checkbox"/> No <input type="checkbox"/> Yes
Geometry		<input type="checkbox"/> No <input type="checkbox"/> Yes
Trigonometry		<input type="checkbox"/> No <input type="checkbox"/> Yes
Advanced Math		<input type="checkbox"/> No <input type="checkbox"/> Yes
General Science		<input type="checkbox"/> No <input type="checkbox"/> Yes
Physical Science		<input type="checkbox"/> No <input type="checkbox"/> Yes
Biology		<input type="checkbox"/> No <input type="checkbox"/> Yes
Chemistry		<input type="checkbox"/> No <input type="checkbox"/> Yes
Anatomy/Physiology		<input type="checkbox"/> No <input type="checkbox"/> Yes
Physics		<input type="checkbox"/> No <input type="checkbox"/> Yes
Other:		<input type="checkbox"/> No <input type="checkbox"/> Yes
U.S. History		<input type="checkbox"/> No <input type="checkbox"/> Yes
World History / Geo.		<input type="checkbox"/> No <input type="checkbox"/> Yes
US Government / Econ.		<input type="checkbox"/> No <input type="checkbox"/> Yes
Physical Education		<input type="checkbox"/> No <input type="checkbox"/> Yes
Health		<input type="checkbox"/> No <input type="checkbox"/> Yes
Church Ministry		<input type="checkbox"/> No <input type="checkbox"/> Yes
Community Service		<input type="checkbox"/> No <input type="checkbox"/> Yes

Student's Full Legal Name: _____

Date of Birth: _____ Grade: _____ School ID Number: _____
(If available)

Address: _____

City: _____ State: _____ Zip: _____

Parent's / Legal Guardian's Signature: _____ Date: _____

Comments: _____

Subject	Grade Average	Subject Completed	Grading Scale
Foreign Language		<input type="checkbox"/> No <input type="checkbox"/> Yes	A 94-100
	<input type="checkbox"/> Spanish I <input type="checkbox"/> French I <input type="checkbox"/> Latin I <input type="checkbox"/> Italian I <input type="checkbox"/> Other <input type="checkbox"/> Spanish II <input type="checkbox"/> French II <input type="checkbox"/> Latin II <input type="checkbox"/> Italian II <input type="checkbox"/> Other		B 87-93
Visual Arts: Drama, Art, Photography		<input type="checkbox"/> No <input type="checkbox"/> Yes	C 77-86
Performing Arts: Music, Dance		<input type="checkbox"/> No <input type="checkbox"/> Yes	D 70-76
Literature		<input type="checkbox"/> No <input type="checkbox"/> Yes	F 0-69
Home Economics		<input type="checkbox"/> No <input type="checkbox"/> Yes	
Computer Science		<input type="checkbox"/> No <input type="checkbox"/> Yes	
Typing/Keyboarding		<input type="checkbox"/> No <input type="checkbox"/> Yes	
Public Speaking		<input type="checkbox"/> No <input type="checkbox"/> Yes	
Work Experience		<input type="checkbox"/> No <input type="checkbox"/> Yes	
		<input type="checkbox"/> No <input type="checkbox"/> Yes	

(For your own records, please make copies of both reports before you submit them to Aaron Academy)

Attendance Record: Second Semester **9TH- 12TH** DUE BY JULY 10TH

(This report needs to be submitted to the school office at the end of the semester—no later than July 10th)

Student's Name _____

January 2008

SUN	MON	TUE	WED	THU	FRI	SAT	Total Days for the Week
		1	2	3	4	5	
6	7	8	9	10	11	12	
13	14	15	16	17	18	19	
20	21	22	23	24	25	26	
27	28	29	30	31			

Total school days for the month:

February 2008

SUN	MON	TUE	WED	THU	FRI	SAT	Total Days for the Week
					1	2	
3	4	5	6	7	8	9	
10	11	12	13	14	15	16	
17	18	19	20	21	22	23	
24	25	26	27	28	29		

Total school days for the month:

March 2008

SUN	MON	TUE	WED	THU	FRI	SAT	Total Days for the Week
						1	
2	3	4	5	6	7	8	
9	10	11	12	13	14	15	
16	17	18	19	20	21	22	
23	24	25	26	27	28	29	
30	31						

Total school days for the month:

April 2008

SUN	MON	TUE	WED	THU	FRI	SAT	Total Days for the Week
		1	2	3	4	5	
6	7	8	9	10	11	12	
13	14	15	16	17	18	19	
20	21	22	23	24	25	26	
27	28	29	30				

Total school days for the month:

May 2008

SUN	MON	TUE	WED	THU	FRI	SAT	Total Days for the Week
				1	2	3	
4	5	6	7	8	9	10	
11	12	13	14	15	16	17	
18	19	20	21	22	23	24	
25	26	27	28	29	30	31	

Total school days for the month:

June 2008

SUN	MON	TUE	WED	THU	FRI	SAT	Total Days for the Week
1	2	3	4	5	6	7	
8	9	10	11	12	13	14	
15	16	17	18	19	20	21	
22	23	24	25	26	27	28	
29	30						

Total school days for the month:

(Please complete Grade Report also and submit) **Total school days for this Semester:**

GRADE AVERAGE REPORT: SECOND SEMESTER

DUE JUL 10TH

9TH- 12TH

—Student can only earn a **full** credit if the subject **workbook** has been **completed**.

Subject	Grade Average	Subject Completed
Bible		<input type="checkbox"/> No <input type="checkbox"/> Yes
English I		<input type="checkbox"/> No <input type="checkbox"/> Yes
English II		<input type="checkbox"/> No <input type="checkbox"/> Yes
English III		<input type="checkbox"/> No <input type="checkbox"/> Yes
English IV		<input type="checkbox"/> No <input type="checkbox"/> Yes
Writing Skills		<input type="checkbox"/> No <input type="checkbox"/> Yes
General Math		<input type="checkbox"/> No <input type="checkbox"/> Yes
Business Math		<input type="checkbox"/> No <input type="checkbox"/> Yes
Pre-Algebra		<input type="checkbox"/> No <input type="checkbox"/> Yes
Algebra I		<input type="checkbox"/> No <input type="checkbox"/> Yes
Algebra II		<input type="checkbox"/> No <input type="checkbox"/> Yes
Geometry		<input type="checkbox"/> No <input type="checkbox"/> Yes
Trigonometry		<input type="checkbox"/> No <input type="checkbox"/> Yes
Advanced Math		<input type="checkbox"/> No <input type="checkbox"/> Yes
General Science		<input type="checkbox"/> No <input type="checkbox"/> Yes
Physical Science		<input type="checkbox"/> No <input type="checkbox"/> Yes
Biology		<input type="checkbox"/> No <input type="checkbox"/> Yes
Chemistry		<input type="checkbox"/> No <input type="checkbox"/> Yes
Anatomy/Physiology		<input type="checkbox"/> No <input type="checkbox"/> Yes
Physics		<input type="checkbox"/> No <input type="checkbox"/> Yes
Other:		<input type="checkbox"/> No <input type="checkbox"/> Yes
U.S. History		<input type="checkbox"/> No <input type="checkbox"/> Yes
World History / Geo.		<input type="checkbox"/> No <input type="checkbox"/> Yes
US Government / Econ.		<input type="checkbox"/> No <input type="checkbox"/> Yes
Physical Education		<input type="checkbox"/> No <input type="checkbox"/> Yes
Health		<input type="checkbox"/> No <input type="checkbox"/> Yes
Church Ministry		<input type="checkbox"/> No <input type="checkbox"/> Yes
Community Service		<input type="checkbox"/> No <input type="checkbox"/> Yes

Student's Full Legal Name: _____

Date of Birth: _____ Grade: _____ School ID Number: _____
(If available)

Address: _____

City: _____ State: _____ Zip: _____

Parent's / Legal Guardian's Signature: _____ Date: _____

Comments: _____

Subject	Grade Average	Subject Completed	Grading Scale
Foreign Language <input type="checkbox"/> Spanish I <input type="checkbox"/> French I <input type="checkbox"/> Latin I <input type="checkbox"/> Italian I <input type="checkbox"/> Other <input type="checkbox"/> Spanish II <input type="checkbox"/> French II <input type="checkbox"/> Latin II <input type="checkbox"/> Italian II <input type="checkbox"/> Other		<input type="checkbox"/> No <input type="checkbox"/> Yes	A 94-100
			B 87-93
Visual Arts: Drama, Art, Photography		<input type="checkbox"/> No <input type="checkbox"/> Yes	C 77-86
Performing Arts: Music, Dance		<input type="checkbox"/> No <input type="checkbox"/> Yes	D 70-76
Literature		<input type="checkbox"/> No <input type="checkbox"/> Yes	F 0-69
Home Economics		<input type="checkbox"/> No <input type="checkbox"/> Yes	
Computer Science		<input type="checkbox"/> No <input type="checkbox"/> Yes	
Typing/Keyboarding		<input type="checkbox"/> No <input type="checkbox"/> Yes	
Public Speaking		<input type="checkbox"/> No <input type="checkbox"/> Yes	
Work Experience		<input type="checkbox"/> No <input type="checkbox"/> Yes	
		<input type="checkbox"/> No <input type="checkbox"/> Yes	

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