

1ST SEMESTER REPORT

DUE BY JANUARY 31ST

9TH - 12TH

▶ Grading Scale: [94-100 = A] [87-93 = B] [77-86 = C] [70-76 = D] [0-69 = F]

Subject	1st Semester Letter Grade	Subject Completed
Bible I, II, III		<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
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
Advanced Math		<input type="checkbox"/> No <input type="checkbox"/> Yes
Physical Science		<input type="checkbox"/> No <input type="checkbox"/> Yes
Physical Science w/Lab		<input type="checkbox"/> No <input type="checkbox"/> Yes
Biology I		<input type="checkbox"/> No <input type="checkbox"/> Yes
Biology I w/Lab		<input type="checkbox"/> No <input type="checkbox"/> Yes
Biology II		<input type="checkbox"/> No <input type="checkbox"/> Yes
Biology II w/Lab		<input type="checkbox"/> No <input type="checkbox"/> Yes
Chemistry		<input type="checkbox"/> No <input type="checkbox"/> Yes
Chemistry w/Lab		<input type="checkbox"/> No <input type="checkbox"/> Yes
Physics		<input type="checkbox"/> No <input type="checkbox"/> Yes
U.S. History		<input type="checkbox"/> No <input type="checkbox"/> Yes
World History or Geography		<input type="checkbox"/> No <input type="checkbox"/> Yes
US Government and 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
Foreign Lang. (_____)		<input type="checkbox"/> No <input type="checkbox"/> Yes
Visual Arts: Drama, Art, Photography		<input type="checkbox"/> No <input type="checkbox"/> Yes
Performing Arts: Music, Dance		<input type="checkbox"/> No <input type="checkbox"/> Yes
Literature:		
Specify:		<input type="checkbox"/> No <input type="checkbox"/> Yes
Home Ec.		<input type="checkbox"/> No <input type="checkbox"/> Yes
Computer Science		<input type="checkbox"/> No <input type="checkbox"/> Yes
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
Other:		<input type="checkbox"/> No <input type="checkbox"/> Yes
		<input type="checkbox"/> No <input type="checkbox"/> Yes

Student's Full Legal Name _____

Date of Birth _____ Grade _____ School ID. Number (if available) _____

Address _____ (New Address Yes No)

City _____ State _____ Zip _____

Day Phone _____ Email _____

▶ Circle the dates student did school work:

July 2010						
S	M	T	W	T	F	S
				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

August 2010						
S	M	T	W	T	F	S
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				

September 2010						
S	M	T	W	T	F	S
			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		

October 2010						
S	M	T	W	T	F	S
					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						

November 2010						
S	M	T	W	T	F	S
	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				

December 2010						
S	M	T	W	T	F	S
			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 number of days completed in 1st Semester:

Parent's / Legal Guardian's Signature: _____

Date: _____
(Required)

(Please allow five to seven days to process your fax.)

(Please include \$10 late fee per family if submitted after Jan. 31st.)

2ND SEMESTER REPORT

DUE BY JULY 15TH

9TH - 12TH

▶ Grading Scale: [94-100 = A] [87-93 = B] [77-86 = C] [70-76 = D] [0-69 = F]

Note: The FINAL GRADE is the average of both First and Second Semester Grades.

Subject	Final Letter Grade	Subject Completed
Bible I, II, III		<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
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
Advanced Math		<input type="checkbox"/> No <input type="checkbox"/> Yes
Physical Science		<input type="checkbox"/> No <input type="checkbox"/> Yes
Physical Science w/Lab		<input type="checkbox"/> No <input type="checkbox"/> Yes
Biology I		<input type="checkbox"/> No <input type="checkbox"/> Yes
Biology I w/Lab		<input type="checkbox"/> No <input type="checkbox"/> Yes
Biology II		<input type="checkbox"/> No <input type="checkbox"/> Yes
Biology II w/Lab		<input type="checkbox"/> No <input type="checkbox"/> Yes
Chemistry		<input type="checkbox"/> No <input type="checkbox"/> Yes
Chemistry w/Lab		<input type="checkbox"/> No <input type="checkbox"/> Yes
Physics		<input type="checkbox"/> No <input type="checkbox"/> Yes
U.S. History		<input type="checkbox"/> No <input type="checkbox"/> Yes
World History or Geography		<input type="checkbox"/> No <input type="checkbox"/> Yes
US Government and 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
Foreign Lang. (_____)		<input type="checkbox"/> No <input type="checkbox"/> Yes
Visual Arts: Drama, Art, Photography		<input type="checkbox"/> No <input type="checkbox"/> Yes
Performing Arts: Music, Dance		<input type="checkbox"/> No <input type="checkbox"/> Yes
Literature:		
Specify:		<input type="checkbox"/> No <input type="checkbox"/> Yes
Home Ec.		<input type="checkbox"/> No <input type="checkbox"/> Yes
Computer Science		<input type="checkbox"/> No <input type="checkbox"/> Yes
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
Other:		<input type="checkbox"/> No <input type="checkbox"/> Yes
		<input type="checkbox"/> No <input type="checkbox"/> Yes

▶ Student's Full Legal Name _____

Date of Birth _____ Grade _____ School ID. Number _____

Address _____ (New Address Yes No) (if available)

City _____ State _____ Zip _____

Day Phone _____ Email _____

▶ Circle the dates student did school work:

January 2011						
S	M	T	W	T	F	S
					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					

February 2011						
S	M	T	W	T	F	S
		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					

March 2011						
S	M	T	W	T	F	S
		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		

April 2011						
S	M	T	W	T	F	S
					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

May 2011						
S	M	T	W	T	F	S
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				

June 2011						
S	M	T	W	T	F	S
			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 number of days completed in 2nd Semester:

▶ Total days for the whole school year:

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

Date: _____

(Please allow five to seven days to process your fax.)

(Please include \$10 late fee per family if submitted after July 15th.)