

1ST SEMESTER REPORT

DUE BY JANUARY 22, 2027

9TH - 12TH

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

Course	Letter Grade	Semester Completed	Full Course Completed
Bible I, II, III		<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
English I		<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
English II		<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
English III		<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
English IV		<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
Personal Finance		<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
Business Math		<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
Pre-Algebra		<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
Algebra I		<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
Algebra II		<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
Geometry		<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
Advanced Math		<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
Physical Science		<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
Physical Science w/Lab		<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
Biology I		<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
Biology I w/Lab		<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
Biology II		<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
Biology II w/Lab		<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
Chemistry		<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
Chemistry w/Lab		<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
Physics		<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
U.S. History		<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
World History or Geography		<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
US Government and Econ.		<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
Physical Education		<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
Health		<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
Foreign Lang. (_____)		<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
Visual Arts: Drama, Art, Photography		<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
Performing Arts: Music, Dance		<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
Literature:		<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
Home Economics		<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
Computer Science		<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
Public Speaking		<input type="checkbox"/> No <input type="checkbox"/> Yes	<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
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 Level _____

Address (New Address Yes No) _____

City _____ State _____ Zip _____

Day Phone _____ Email _____

Circle the dates student did school work

July 2026							August 2026						
S	M	T	W	T	F	S	S	M	T	W	T	F	S
			1	2	3	4							1
5	6	7	8	9	10	11	2	3	4	5	6	7	8
12	13	14	15	16	17	18	9	10	11	12	13	14	15
19	20	21	22	23	24	25	16	17	18	19	20	21	22
26	27	28	29	30	31		23	24	25	26	27	28	29
							30	31					

September 2026							October 2026						
S	M	T	W	T	F	S	S	M	T	W	T	F	S
		1	2	3	4	5					1	2	3
6	7	8	9	10	11	12	4	5	6	7	8	9	10
13	14	15	16	17	18	19	11	12	13	14	15	16	17
20	21	22	23	24	25	26	18	19	20	21	22	23	24
27	28	29	30				25	26	27	28	29	30	31

November 2026							December 2026						
S	M	T	W	T	F	S	S	M	T	W	T	F	S
1	2	3	4	5	6	7			1	2	3	4	5
8	9	10	11	12	13	14	6	7	8	9	10	11	12
15	16	17	18	19	20	21	13	14	15	16	17	18	19
22	23	24	25	26	27	28	20	21	22	23	24	25	26
29	30						27	28	29	30	31		

Students may NOT earn more than 9 full credits per School Year.

Total days 1st Semester _____

College Dual Enrollment Course	College	Grade

Parent's / Legal Guardian's Signature _____ Date (Required) _____

- Please make copies of your report before submission.
- Please include \$10 late fee per student if submitted after Jan. 22.

2ND SEMESTER REPORT

DUE BY JULY 16, 2027

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.

Course	Final Letter Grade	Full Course 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
Personal Finance		<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:		<input type="checkbox"/> No <input type="checkbox"/> Yes
Home Economics		<input type="checkbox"/> No <input type="checkbox"/> Yes
Computer Science		<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

Student's Full Legal Name _____

Date of Birth _____

Grade Level _____

Address (New Address Yes No) _____

City _____

State _____

Zip _____

Day Phone _____

Email _____

Circle the dates student did school work

January 2027						
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 2027						
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 2027						
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 2027							
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 2027						
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 2027						
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			

Students may NOT earn more than 9 full credits per School Year.

Total days 2nd Semester _____

College Dual Enrollment Course	College	Grade

Parent's / Legal Guardian's Signature _____

Date (Required) _____

- Please make copies of your report before submission.
- Please include \$10 late fee per student if submitted after July 16.

Student's Full Legal Name

Grade

Comments
