

1ST SEMESTER REPORT

(Make copies as needed.)

DUE BY JANUARY 19, 2024

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 2023							August 2023						
S	M	T	W	T	F	S	S	M	T	W	T	F	S
						1			1	2	3	4	5
2	3	4	5	6	7	8	6	7	8	9	10	11	12
9	10	11	12	13	14	15	13	14	15	16	17	18	19
16	17	18	19	20	21	22	20	21	22	23	24	25	26
23	24	25	26	27	28	29	27	28	29	30	31		
30	31												

September 2023							October 2023						
S	M	T	W	T	F	S	S	M	T	W	T	F	S
					1	2	1	2	3	4	5	6	7
3	4	5	6	7	8	9	8	9	10	11	12	13	14
10	11	12	13	14	15	16	15	16	17	18	19	20	21
17	18	19	20	21	22	23	22	23	24	25	26	27	28
24	25	26	27	28	29	30	29	30	31				

November 2023							December 2023						
S	M	T	W	T	F	S	S	M	T	W	T	F	S
			1	2	3	4						1	2
5	6	7	8	9	10	11	3	4	5	6	7	8	9
12	13	14	15	16	17	18	10	11	12	13	14	15	16
19	20	21	22	23	24	25	17	18	19	20	21	22	23
26	27	28	29	30			24	25	26	27	28	29	30
							31						

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. 19th.

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2ND SEMESTER REPORT

(Make copies as needed.)

DUE BY JULY 19, 2024

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 2024						
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 2024						
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		

March 2024						
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 2024						
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 2024						
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 2024						
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 days 2nd Semester _____

College Dual Enrollment Course	College	Grade

Parent's / Legal Guardian's Signature _____

Date (Required) _____

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