

Calvary School

P.O. Box 672

Madison, AL 35758

Phone (256) 682-4442

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Semester Grade / Attendance Report

Please print in ink

Students Full Name _____

Address _____

City _____ State _____ Zip _____

Telephone (_____) _____

Grade Level _____

(School year) _____

Signature of Parent _____

Date _____

_____	<u>Semester</u>	<u>Subject</u>	<u>Grade</u>	<u>Credits</u> <u>High Sch.</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Days Completed This Semester _____

- Write on the back of sheet a brief description of what was studied under each subject this semester.
- Special Education Student yes _____ no _____