

# Calvary School

P.O. Box 672

Madison, AL 35758

Phone (256) 423-8165 FAX (256) 423-8146

E-mail: [calvaryschool\\_carla.floyd@yahoo.com](mailto:calvaryschool_carla.floyd@yahoo.com)

## 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 \_\_\_\_\_