Quarterly Report | Grades 9-12

Student Information

Student Name:

Dates for the Submittal of

Quarterly Reports:

D.O.B.: School District: Parent/Guardians: Phone: Email: Address:	Grade:	First Quarter: Second Quarter: Third Quarter: Fourth Quarter:	
Req. Subjects	Materials Covered		Progress
English			
History/Social Studies			
Science			
Mathematics			
Physical Education			
Health Education			
Art and Music			
Practical Arts			
Electives			
Bilingual Education			
patriotism and citizenship, health education regarding alcohol, drug and tobacco misuse, highway safety and traffic regulations, including bicycle safety, fire and arson prevention and safety			

*My child has participated in a minimum of 250 hours of instruction and has completed at least 80% of the instruction planned this

Parent Signature: _____ Date:____

quarter. We are satisfied with their progress in all subjects this quarter.