Calvary Christian School

a ministry of Family Worship Center

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Report Card for 9th - 12th Grade

Student's Name: _____ School Year: _____ Grade: _____

First Semester			Second Semester		
Subject/Course Title	**Credit**	**Grade**	**Subject/Course Title**	**Credit**	**Grade**
Electives:			Electives:		

_____	_____	_____	_____
Starting Date	**Ending Date**	**Starting Date**	**Ending Date**
# of Days in Attendance	_____	**# of Days in Attendance**	_____
# of Days Absent	_____	**# of Days Absent**	_____
Total Days in Semester	_____	**Total Days in Semester**	_____