



FAMILY CHRISTIAN ACADEMY

FORM K: K - 8TH REPORTING

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STUDENT INFORMATION *(please print clearly)*

Student First Name Student Middle Name Student Last Name Date of Birth Social Security No.

Student Home Address *(where student resides)* City County State Zip

What grade is student enrolled in? _____ What school year is this report for? _____

PRIMARY TEACHER INFORMATION *(please print clearly)*

Primary Teacher Name Phone Email

Primary Teacher Address *(if different from student)* City County State Zip

GRADES & ATTENDANCE *(please print clearly)*

1ST SEMESTER ATTENDANCE

CIRCLE EACH DAY THE STUDENT DID SCHOOL WORK																															
JUL	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
	AUG	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
SEP	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	
OCT	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
NOV	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	
DEC	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

Total Days Completed for 1st Semester: **(Due Date is January 15th)**

2ND SEMESTER ATTENDANCE

CIRCLE EACH DAY THE STUDENT DID SCHOOL WORK																															
JAN	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
	FEB	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	
MAR	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
APR	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	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
JUN	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 Completed for 2nd Semester: **(Due Date is July 15th)**

There is a \$10 late fee for any report submitted after the due date. Grades will not be recorded until the late fee is paid. Make a copy of this report for your own records before submission.

You must complete the academics for the semester on page two of this form

X Parent/Guardian Signature *(REQUIRED)*: Date:

By signing this form you acknowledge this requests may be delayed if any information on this form is incomplete. All fees subject to change without notice. No Refunds.



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STUDENT ACADEMIC REPORT *(please print clearly)*

STUDENT NAME FROM PAGE 1 OF 2: _____

Grading Scale: A 94-100 B 87-9 C 77-86 D 70-76 F 0-69

Please ✓ the box to indicate which semester this report is for. It must match the attendance reported on page 1.

1ST SEMESTER ACADEMICS

2ND SEMESTER ACADEMICS

SUBJECT NAME <small>* Required Subject 3rd-12th</small>	GRADE EARNED	
	Letter	Number
* Bible		
* Mathematics		
* English		
* History		
* Science		

SUBJECT NAME <small>* Required Subject 3rd-12th</small>	GRADE EARNED	
	Letter	Number
* Bible		
* Mathematics		
* English		
* History		
* Science		

Please use this area to include any notes, field trips, etc. that you would like included in this students record.

X Parent/Guardian Signature (REQUIRED): _____ Date: _____

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