

Semi-Annual Progress & Attendance Report

First Semester

Fax to: (865) 689-1213

DUE BY JANUARY 15TH

Student's Full Legal Name _____

Reports not submitted on time will incur a late fee.

Home Phone # _____ Date of Birth _____ Grade _____

Address _____ Total # of days this semester _____
If your address has changed, and you have NOT notified us in writing since enrollment, check here

City _____ State _____ Zip _____ New Address No Yes

X = School Day V = Vacation Day S = Sick Day (Be sure to keep a copy for your records)

JULY							
Sun	Mon	Tue	Wed	Thur	Fri	Sat	Total
Total Days							

OCTOBER							
Sun	Mon	Tue	Wed	Thur	Fri	Sat	Total
Total Days							

AUGUST							
Sun	Mon	Tue	Wed	Thur	Fri	Sat	Total
Total Days							

NOVEMBER							
Sun	Mon	Tue	Wed	Thur	Fri	Sat	Total
Total Days							

SEPTEMBER							
Sun	Mon	Tue	Wed	Thur	Fri	Sat	Total
Total Days							

DECEMBER							
Sun	Mon	Tue	Wed	Thur	Fri	Sat	Total
Total Days							

K-8 Only	
Specific Subject	Grade Average

High School: 9 - 12		
Specific Subject	Grade Average	Credits earned this semester

For grades K-8, please fill in either a percentage, letter grade, or an "S" for satisfactory or "U" for unsatisfactory.

Parent/Legal Guardian Signature: _____ Date: _____

List any special observations, field trips and general comments on reverse side of this form.