

Semi-Annual Progress & Attendance Report

Second Semester

Fax to: (865) 689-1213

DUE BY JULY 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 _____ Total # of days this year _____

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

JANUARY							
Sun	Mon	Tue	Wed	Thur	Fri	Sat	Total
Total Days							

APRIL							
Sun	Mon	Tue	Wed	Thur	Fri	Sat	Total
Total Days							

FEBRUARY							
Sun	Mon	Tue	Wed	Thur	Fri	Sat	Total
Total Days							

MAY							
Sun	Mon	Tue	Wed	Thur	Fri	Sat	Total
Total Days							

MARCH							
Sun	Mon	Tue	Wed	Thur	Fri	Sat	Total
Total Days							

JUNE							
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.

Semi-Annual Progress & Attendance Report

Second Semester (Continued)

Student's Name _____
(As listed on Student Card)

This space is for Academic Comments and not for communicating requests with FCA.

Comments: _____

List of Field Trips _____

(Note: Curriculum changes need to be submitted on "Curriculum List" on page 34. Be sure to save a copy before mailing.)

Parent/Legal Guardian Signature _____