

Alabama Learning Academy Semester Grade/Attendance

Please Fill out this form out in Ink!

Student's Full Name: _____

Address: _____ City: _____

State: Alabama Zip code: _____ Phone: (____) _____ - _____

County/School District: _____ Grade Level: _____ School Year: _____

Please write a detailed but brief description of what exactly the student studied during this semester.

_____ Semester

Subject	Grade	Credits
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Days Completed during semester _____

Was the student a special education student? Yes / No

Signature of Parent/Guardian

Date