

Pentecostals of Dadeville Christian Academy

PO Box 677

Dadeville, AL. 36853

Phone (256) 000-0000

Mail or e-mail enrollment forms

E-mail: revsalinas@charter.net

Semester Grade / Attendance Report

Please print in ink

Students Full Name _____

Address _____

City _____ State _____ Zip _____

Telephone (_____) _____

Grade Level _____

(School year) Signature of Parent Date

_____ **Semester** **Subject**

Grade Credits
High Sch.

(School year)	Signature of Parent	Date	Semester	Subject	Grade Credits	High Sch.
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

Days Completed This Semester _____

- Write on the back of sheet a brief description of what was studied under each subject this semester.
- Special Education Student yes _____ no _____