CALVARY CHRISTIAN SCHOOL-PSP

SEMESTER REPORT CARD

STUDENT'S NAME	GRADE	QTR	SEM	SCHOOL YEAR

COMPLETED COURSES (Must be at least 5 credits in 5 credit increments)

COURSE TITLE	GRADE	CREDITS

ON CAMPUS COURSES

COURSE TITLE	CAMPUS	GRADE *

*attach documentation for non-CCS classes

Parent/Teacher Signature_____ Date_____

Completed Courses recorded on Calvary Christian School Transcript
by_____ Date_____