Christian Victory Academy of Central Florida, Inc. P.O. Box 721436 - Orlando, FL 32872-1436 Phone: (407) 281-6244 www.ChristianVictoryAcademy.org

**Student Record EOY Report Card** 

OFFICE USE ONLY

**Check-list** 

**Transcript** 

Semester	Repo	ort:	K -	8th	Grade
(Pl	EASE TYPE	E OR US	SE BLU	E INK)	

Student Name		Grade	Date							
From (month/year)	through (month/year)	Days Completed t	his Semes	er:						
	1st Semester	2nd Semester								
If your student is in 8th grade, and taking even one high school course, then please fill out the semester report for high school.										
COURSE TITLE	CURRICULUM				SEMESTER COMPLETED?					
					ΟY	ON				
					ΟY	$\bigcirc$ N				
					ΟY	ON				
					ΟY	$\bigcirc N$				
					ΟY	ON				
					ΟY	$\bigcirc N$				
					ΟY	$\bigcirc N$				
					ΟY	ON				
					ΟY	$\bigcirc N$				
					ΟY	$\bigcirc N$				
*If semester of work is not complete	e, provide explanation and plans for co	ompletion on the back o	f this page af	ter you pri	nt it out					
Teacher Signature			Date							

Signature confirms that the appropriate amount of instruction time was given for each subject listed above, the materials used were appropriate for student's grade level and/or abilities, the full semester of work was completed, and the grade listed is accurate.