

ELEMENTARY PARENT RECORD CARD

EAST ALLEN COUNTY SCHOOLS

NAME \_\_\_\_\_ (LAST) \_\_\_\_\_ (FIRST) \_\_\_\_\_ (MIDDLE)

ZIP	<b>ENROLLMENT DATE</b>	<b>FROM (SCHOOL)</b>				SPECIAL HEALTH CONCERNS:      SPECIAL NEEDS ASSESSMENT:																											
ADDRESS	<b>WITHDRAWAL DATE</b>	<b>TO (SCHOOL)</b>				SPECIAL HEALTH CONCERNS:      SPECIAL NEEDS ASSESSMENT:																											
PLEASE INDICATE: ★ COLUMN M - MODIFIED INSTRUCTION A = ACCELERATED																																	
PARENT NAME	<b>SCHOOL</b>																																
	<b>YEAR</b>																																
	<b>GRADE</b>																																
	<b>DAYS PRESENT</b>																																
	<b>DAYS ABSENT</b>																																
	<b>TARDIES</b>																																
	<b>SUBJECT</b>	1	2	AV	★	1	2	AV	★	1	2	AV	★	1	2	AV	★	1	2	AV	★	1	2	AV	★	1	2	AV	★	1	2	AV	★
	<b>ARITHMETIC</b>																																
	<b>ART</b>																																
	<b>BAND</b>																																
	<b>ENGLISH</b>																																
	<b>HEALTH</b>																																
	<b>MUSIC</b>																																
	<b>PHYS. ED</b>																																
	<b>READING</b>																																
	<b>SCIENCE</b>																																
	<b>SOC. STUDIES</b>																																
	<b>SPELLING</b>																																
	<b>WRITING</b>																																
	<b>SOCIAL SKILLS</b>																																
<b>PROMOTED TO</b>																																	
<b>RETAINED TO</b>																																	
<b>SEATED TO</b>																																	
<b>TEACHER</b>																																	

U.O.B.

NAME

TEACHER COMMENTS

STUDENT IDENTIFICATION PHOTO

GR.	YR.	GR.	YR.	GR.	YR.	GR.	YR.	GR.	YR.	GR.	YR.	GR.	YR.	GR.	YR.