

*Last, First Name*

*Grade*

**STUDENT INFORMATION**

@valdezcityschools.org

*Student eMail*

*Last Name*

*First Name*

*Date of Birth*

*Student Phone*

**PARENT/GUARDIAN INFORMATION**

@gmail.com

*Parent eMail*

*Name(s)*

*Mailing Address*

*Parent Phone*

**X**

*Kipp Norris*

*Signature*

*Date*

*Education Specialist*

*Notes:*

Subject:					Course Title:				
Pre-K – 8	Q1	Q2	Q3	Q4	9-12:	½ Credit Fall	½ Credit Spring	Other	
Curriculum Type:		On-Line	Print	Activity	Credit Source:		Vendor	Parent Designed*	Dist.
Curriculum / Materials:									
Method of Assessment:			Grade System:			Grade Recommended By:			
Quizzes / Tests			Pass / Fail			Parent & VHP Contact Teacher			
Oral Reviews			Letter Grade			VHP Contact Teacher Only			
Portfolio			(A = 90-100, B = 80 – 89,			Distance School Advisory Teacher			
Journal / Projects			C = 70 – 79, D = 60 – 69, < 60 =F						
Guided Practice			E,S, N, U, etc.			Teacher of Record:			

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