

**Harvest Church School  
Grade Report Form**

School Year \_\_\_\_\_ - \_\_\_\_\_  
Fall \_\_\_\_\_ Spring \_\_\_\_\_ Semester Academic Report

Student \_\_\_\_\_ Grade \_\_\_\_ Teacher \_\_\_\_\_

COURSE	GRADE
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
ELECTIVES	
1.	
2.	
3.	
4.	
5.	
_____ (Teacher Signature)	

**Please complete and return to the HCS office by January 15<sup>th</sup> (Fall) and June 15<sup>th</sup> (Spring)**