Trinity Christian Academy
Home School Organization
Attendance/Grades

20____-20____

Student Name_____ Grade_____

Parent or Guardian_____

Address_____ City_____ Zip_____

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
August																															
September																															
October																															
November																															
December																															
January																															
February																															
March																															
April																															
May																															
June																															
July																															

Grade Period	1	2	3	4
Subject				

Indicate with a checkmark those days that you have schooled at least 4 hours.

Parent Signature:_____