

School Year _____ Grade _____ Beginning Date _____ Ending Date _____

MASTER RECORD SHEET

Account Name _____ Account Number _____

Student Name _____ Academic Advisor _____

1st or 2nd Semester

Subject	Test Scores						Sem Avg
	1	2	3	4	5	6	
MATH	#	#	#	#	#	#	
	%	%	%	%	%	%	
ENGLISH	#	#	#	#	#	#	
	%	%	%	%	%	%	
LITERATURE	#	#	#	#	#	#	
	%	%	%	%	%	%	
SOCIAL STUDIES	#	#	#	#	#	#	
	%	%	%	%	%	%	
SCIENCE	#	#	#	#	#	#	
	%	%	%	%	%	%	
WORD BUILDING	#	#	#	#	#	#	
	%	%	%	%	%	%	
	#	#	#	#	#	#	
	%	%	%	%	%	%	
	#	#	#	#	#	#	
	%	%	%	%	%	%	
	#	#	#	#	#	#	
	%	%	%	%	%	%	

The above information is accurate to the best of my knowledge.

Parent Signature _____ Date _____

CHRISTIAN ACADEMY OF AMERICA

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Flower Mound, TX 75022