Azle High School
Off-Campus PE: Six Weeks Report

Student Name: ________________________________________________
Grade Level: ___________________ Student ID#: ____________________

Grading Cycle: (please check which grading cycle you are currently scoring)

- 1st Six Weeks (August 28th-October 6th): DUE BY OCT. 5th
- 2nd Six Weeks (October 10th- November 17th): DUE BY NOV. 16th
- 3rd Six Weeks (November 27th- January 12th): DUE BY JAN. 11th
- 4th Six Weeks (January 17th- March 2nd): DUE BY MAR. 1st
- 5th Six Weeks (March 5th-April 20th): DUE BY APR. 19th
- 6th Six Weeks (April 23rd- May 31st): DUE BY MAY 30th

Grading Period: (please circle one class period)
1st 2nd 3rd 4th 5th 6th 7th 8th

Grade Earned: (please circle one option)
PASSED FAILED

List all dates the student was absent:
___________________________________________________________

Off-Campus PE Location: ____________________________________________
Off-Campus PE Coach Name: __________________________________________
Signature: ___________________________ Date: _______________________

Please submit this completed form to the AHS Counseling Department by
the due dates listed above to ensure credit is earned for this course.

AHS Counseling Department
1200 Boyd Road, Azle TX 76020
Telephone: (817) 444-5555  Fax: (817) 444-8884

<table>
<thead>
<tr>
<th>Heather Huffaker (A-C)</th>
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</thead>
<tbody>
<tr>
<td>Amanda Terrell (D-K)</td>
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<td>Nicole Murray (R-Z)</td>
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</tbody>
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Office Use Only:
Counseling Approval Signature: __________________________________
Approval Date: ________________________