

STUDENT ACTIVITIES

FM
(EXHIBIT)A

ECTOR COUNTY INDEPENDENT SCHOOL DISTRICT
ELIGIBILITY REPORT

Name of School

Student's Name _____ Date _____

All teachers will please indicate whether the above named student is passing or failing your course at this time. The grade reported should reflect the grade average for the current nine weeks.

PD	SUBJECT	NUMBER GRADE	ATTITUDE	ABSENCES FOR 9 WKS	COMMENTS	TEACHER'S SIGNATURE
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						