

Your Family Name as registered with CCS:

CCS ID #

	Student:	Grade:	Student:	Grade:	Student:	Grade:
Biblical/ Christian Studies		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
English		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Math		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Science		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Social Studies		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Physical Education /Health		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Music / Elective		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Art / Elective		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>

To the Parent: I Verify the above listed children have received regular instruction in the above courses during the **2023 - 2024** School Year.

Parent Signature: _____ **Date of this Review:** _____ **Number of students for this review.** _____

To the Reviewer: I verify that written documentation has been presented that shows evidence of regular continuous instruction for each of the above Initialed Courses: Also, an 'X' indicates those for which written documentation was not required, example PE – Art – Music.

Reviewers Signature: _____ **Printed Name of Reviewer:** _____ **CCS ID#** _____

Was this Review conducted in person or remotely: _____ **Have you used a cloud storage system such as google drive?** _____

If your review was done by cloud storage, have you emailed your samples of work to CCS? _____ **What date were they emailed?** _____