

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 **2024 - 2025** 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?