Churchville Christian School – High School Credit Report

Email: Admin@ChurchvilleChristianSchool.org

Student's Full Name: (First-Middle-Last) _____CCS Family ID # _____Students Date of Birth _____

To The Parents: We Affirm the completion of the following courses by the student named on this form. **(Signature)**_____

Have you submitted the Portfolio Review Form for this year's Credit Report? _____ Have you reviewed the Instructions for the High School Credit Report? _____

Is this report for an Existing Transcript Change? _____ Family Email Here: _____

School Year 20_____20_____ Grade Level (8th - 12th) _____	Letter Grade	Credit Amt. .25 .50 .75 1.0	Credit Value	Course Description: *(We suggest NOT including the Curriculum Supplier.)* PLEASE PRINT CLEARLY & CHECK SPELLING & PUNCTUATION NOTE: Maximum of 44 characters per line, inc. Spaces, Hyphens, Slashes, etc. **Credit Values: A 4.0 – A- 3.7 - B+ 3.3 - B 3.0 - B- 2.7 - C+ 2.3 - C 2.0 - C- 1.7 - D+ 1.3 - D 1.0**
Bible / Christian Service				
English				
Math				
Science				
Social Studies				
Physical Education / Health				
Elective				
Elective				
Elective				

Calculating the GPA: Total Credit Values for this Report Here: _____ (Divided By) Total Credits Here: _____ Equals GPA For this Report _____

Include a $10.00 Transcript Fee, to be enclosed with each individual Credit Report. (See Instructions) NOTE: For a Transcript Change request, Include a $10.00 fee.

Fees can be paid at the CCS Website or by enclosing a Check or Money Order with this Credit Report. Amount Enclosed with this Report: _____

Check or Money Order # here: _____ If paid online, please include the Payment Transaction Order Number here: _____