Off-Campus Physical Education Report

Student Name: ______________________________________  Student ID#: ____________________________

Foster High School, LCISD

School Year: 2018-2019

Grade Period:          Grade Earned:
1st six weeks
2nd six weeks
3rd six weeks
1st semester
4th six weeks
5th six weeks
6th six weeks
2nd semester

Signed,
Instructors

________________________________________  ____________________________  ___________
Printed Name of Instructor  Signature of Instructor  Date

________________________________________  ____________________________  ___________
Printed Name of Student  Signature of Student  Date

** Turn this in to Kim Mikeska (room 2103) every six weeks.**