COURSE OF STUDY
K – 8th

Student Name: _____ DOB: _____ Age: _____ Grade: _____

Parent's Last Name (if different): _____ School Year: _____ Today's Date: _____

COURSE	GRADE LEVEL	BOOK TITLE AND PUBLISHER If a book is not being used, a Course Description must be completed.
Bible:		
Fine Arts: Art-		
Drama-		
Music-		
Foreign Language:		
Geography:		
Health:		
Language Arts: Comprehension		
Grammar		
Literature		
Penmanship		
Phonics		
Reading		
Spelling		
Vocabulary		
Writing		
Math:		
Physical Education:		
Science:		
Social Studies:		
Elective:		
Summer School '26:		
Extra-Curricular:		

Note: Turn in original at the beginning of the school year. Keep a copy for your records. If changes are made to this Course of Study, complete an Amended Course of Study form and turn it in.