Alachua County Public Schools
Adult Education Division

Grade Reporting Sheet

Legal Name of Student:_____

Student Number:_____ DOB:_____

Course Title:_____

Course Number:_____ Grade Earned:_____

Credit to be Awarded: ☐ (1) Full Year ☐ (1/2) First Semester ☐ (1/2) Second Semester

Teacher Name:_____
(please print)

Instructional Site:_____

Comments:

_____ _____
Teacher Signature *Date*

*** Credit and grade will be sent to _____ High School

Form No.: ACE 920.002 – Adult Education Grade Reporting Sheet / Adult Ed New Date: 3/20/19

Distribution: ___ Adult Education Services
___ Student Services (Home High School)
___ Teacher
___ Student