

# Elementary Course Verification

## Midwest Christian Academy

2905 Gill Street

Bloomington, IL 61704

Phone 309-663-4477 ♦ Fax (309) 834-0160

Student's name \_\_\_\_\_ Birthdate \_\_\_\_\_

Last grade completed \_\_\_\_\_ Year in which work was done \_\_\_\_\_

Parent's name \_\_\_\_\_ Daytime phone (\_\_\_\_) \_\_\_\_-\_\_\_\_\_

Address \_\_\_\_\_

Subject Completed	Grade Received
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Math	_____
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English	_____
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Social Studies	_____
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Science	_____
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Spelling	_____
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_____	_____
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_____	_____
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_____	_____
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Number of days per week in school \_\_\_\_\_

Number of hours per week in school \_\_\_\_\_

Was the student passed to the next grade? \_\_\_\_\_

Other comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Name of person supervising student's school work

\_\_\_\_\_  
Date of submitting this information