



## Off-Campus Physical Education Grade Report

Name of School: Katy Junior High

Instructor's Name: \_\_\_\_\_ Facility Name: \_\_\_\_\_

Facility Address: \_\_\_\_\_

Tel. #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Email: \_\_\_\_\_

School Year: \_\_\_\_\_ Six Weeks:    1<sup>st</sup>    2<sup>nd</sup>    3<sup>rd</sup>    4<sup>th</sup>    5<sup>th</sup>    6<sup>th</sup>

Student Name	Grade for the Six Weeks (P=Pass and F= Fail)	Attendance (Number of Absences)

The following student has been attending our facility and is entitled to receive credit for a P.E. waiver for this school year.

Instructor's signature \_\_\_\_\_

Date: \_\_\_\_\_

### Six Week Dates

Six Weeks	Beginning Date	End Date
1 <sup>st</sup>	8/16/23	9/21/23
2 <sup>nd</sup>	9/25/23	11/2/23
3 <sup>rd</sup>	11/6/23	12/15/23
4 <sup>th</sup>	1/3/24	2/16/24
5 <sup>th</sup>	2/20/24	4/11/24
6 <sup>th</sup>	4/15/24	5/23/24