

CHOICE ACADEMY

2575 West 88th Street, Bloomington, MN 55431
952-681-6172

High School Credit Evaluation

Student: _____ Birthdate: ____/____/____ Grad Year: _____
Home Phone: _____ Address: _____ City/Zip: _____

The above named student has requested enrollment in the Choice Academy Program. I certify that the credits earned in the Choice Academy Program will be accepted for credit at the school I represent and that the courses listed below are those needed for graduation.

_____/_____/_____
Signature of School Representative School Date

List courses and grad standards needed for graduation: ____ Year Credits ____ Semester Credits ____ Trimester Credits

	9 th Grade	10 th Grade	11 th Grade	12 th Grade	Total Credits Needed
Science					
English					
Mathematics					
Social Studies					
Physical Education					
Health					
Art					
Electives/Other					

GRAD TEST

Has student Passed: Math Yes – No **Reading** Yes – No **Writing** Yes - No

Total # of credits completed: _____ Total # of credits needed for graduation: _____

Receiving special education services? YES NO