

*Mary Maher, Principal*

*Steve Klein, Assistant Principal*  
*Cynthia Biondi, Assistant Principal*

**Records of School Attendance and Scholastic Achievement**  
**Hospital Schools Report Card GRADES 9-12**

|                   |  |                    |  |                |  |
|-------------------|--|--------------------|--|----------------|--|
| STUDENT NAME      |  | OSIS NUMBER        |  | DOB            |  |
| ADMIT DATE        |  | DISCHARGE DATE     |  | HOME SCHOOL    |  |
| SCHOOL PHONE      |  | GUIDANCE COUNSELOR |  | GUIDANCE PHONE |  |
| STUDENT'S GRADE   |  | DAYS PRESENT       |  | DAYS ABSENT    |  |
| NUMBER OF LESSONS |  |                    |  |                |  |

**GRADES 9-12 ENTER NUMERICAL GRADES AS INDICATED ON CHART BELOW**  
**NOTE: NUMERICAL GRADES SHOULD BE IN INCREMENTS OF 5 UP TO 90 ( E.G. 70, 75, 80 ETC)**  
**GRADES ABOVE 90 MAY BE IN INCREMENTS OF 1 (E.G. 91, 92, 93 ETC.)**

| SUBJECT                      | MATH | ENGLISH | SCIENCE | SOCIAL STUDIES | FOREIGN LANGUAGE | OTHER |
|------------------------------|------|---------|---------|----------------|------------------|-------|
| SPECIFY EXACT NAME OF COURSE |      |         |         |                |                  |       |
| COURSE CODE                  |      |         |         |                |                  |       |
| GRADE                        |      |         |         |                |                  |       |
| NUMBER OF LESSONS            |      |         |         |                |                  |       |

| INFORMAL/SCHOOL EXAMS TAKEN |            |       | REGENTS/RCTS EXAMS TAKEN |      |            |       |
|-----------------------------|------------|-------|--------------------------|------|------------|-------|
| NAME OF EXAMS               | DATE GIVEN | GRADE | REGENTS                  | RCTs | DATE GIVEN | GRADE |
|                             |            |       |                          |      |            |       |
|                             |            |       |                          |      |            |       |
|                             |            |       |                          |      |            |       |

|                          |  |                      |  |
|--------------------------|--|----------------------|--|
| <i>Teacher's name</i>    |  | <i>Hospital Site</i> |  |
| <i>Teacher Signature</i> |  | <i>Date</i>          |  |

*\*The grades on this report indicate performance while student was enrolled in Hospital Schools. If necessary the home school can combine their school grades and above grades for a final grade.*