

Athletic Grade Check

Name: _____ **Date** _____

Please obtain your approximate grade in **every** class and get your teacher's signature. **Turn in to Main Office for approval from Ms. Marriott, Athletic Director.**

Per	Course	Teacher	Grade	Comments	Signature
1					
2					
3					
4					
5					
6					

Approved by _____ **Date** _____
Beth Marriott, A.D.

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