

MIDDLE SCHOOL CHECK-OUT REPORT

Date _____

Student's Name _____

Cluster Assignment _____ Date of Leaving _____

Homeroom Teacher _____

Teachers: Please sign below if all equipment and books assigned to this student have been turned in. Please give a grade for work done this marking period where applicable.

TEACHERGRADE

Physical Education _____

Library _____

Band _____

SUBJECTTEACHERGRADE

Exploratory Teacher _____

Cluster Teacher _____

After completion of this form, please return to the principal's office.

Counselor's Signature _____

Principal's Signature _____

Parent's Signature _____