STEINMETZ ACADEMIC CENTRE

ATHLETIC GRADE CHECK FOR **WEEK OF** **DUE:**
ATHLETE'S NAME _____ DIVISION_____ DATE _____
SPORT OR ACTIVITY:
Teachers: The above named student is/will be participating in the extracurricular activity named. In order to help determine his/here academic eligibility, would you take the time to indicate his or her current, cumulative grade in your class? If there are assignments or test scores missing that would prevent you from entering a passing grade, then that grade should be recorded as a failure, rather than leaving it blank. The athletic department thanks you for your cooperation.

CLASS	**PASS/FAIL**	**SIGNATURE**	**COMMENTS**	Tutoring Required? Y	N	**Two or More** Unexcused Absences this Week? Y	N	**Two or More** Tardies to Class Y	N

This grade check/ISP requires the weekly signature of both the parent and student athlete, certifying that compliance has been met.

_____ ___/___/___ _____ ___/___/___

Student's Signature Date Parent/Guardian Signature Date