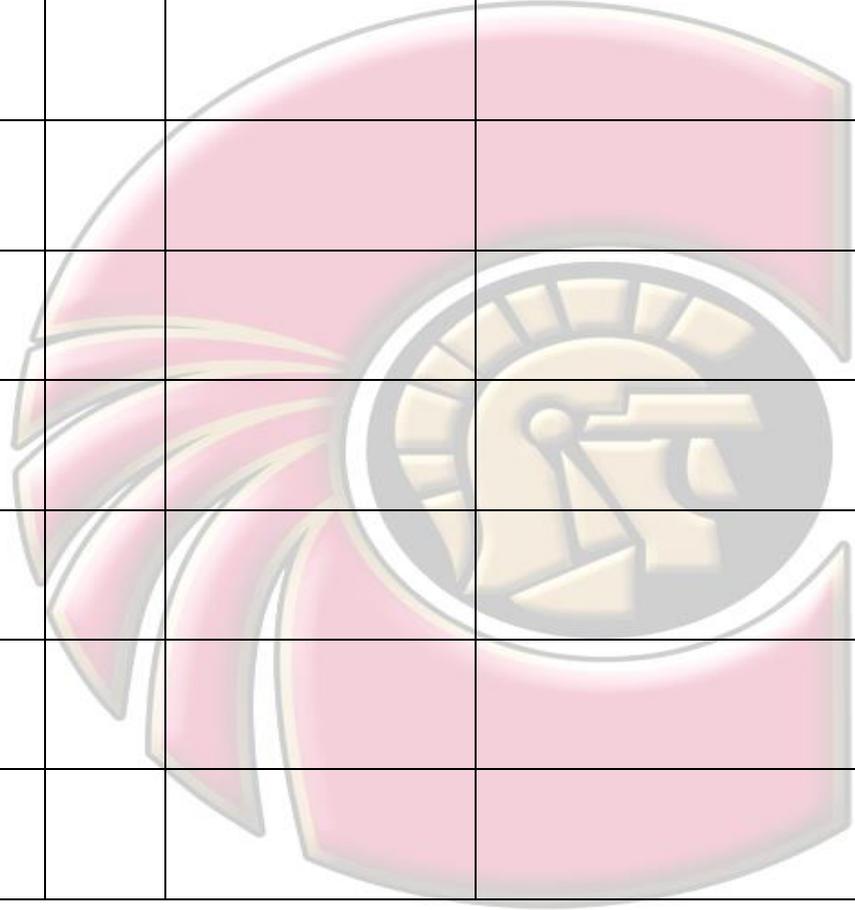


# Cesar E. Chavez High School ASB Grade Check Form

Student: \_\_\_\_\_ ID # \_\_\_\_\_ Probation: \_\_\_\_\_ Date Checked: \_\_\_\_\_

ASB EXECUTIVES AND SENATORS ARE REQUIRED TO SUBMIT GRADE CHECK TO ASB DIRECTOR EVERY QUARTER TO ENSURE ELIGIBILITY REQUIREMENTS ARE CONTINUOUSLY MET. TEACHERS: PLEASE SUBMIT THE MOST UP TO DATE LETTER GRADE AVAILABLE.

Period	Subject	Teacher	Grade	Signature	Comments and Assignments Tutorial – Please date and initial
1					
2					
3					
4					
5					
6					
7					



Athletic Director Signature: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Title: \_\_\_\_\_