

Student Name Garcia, Silo D.			Central Point School District 6 Crater School of BIS 		School Name/Address Crater School of BIS 655 N 3rd St Central Point, OR 97502-1876	
Perm ID 10263871	Grade 11	Gender M			Tel: 541-494-6300 Fax: 541-664-7589	
Date Of Birth 06/18/1999		Phone		Alternate School Number: 4559		
Home Address 153 Wind Song Ln Central Point, OR 97502			Enter Date: 09/08/2014			

Subject	Course Title	Mark	Cred Att/Cmp
Falcon Heights Yr. 2014 Month: 1 Grade: 09			
EN	English 1	F	1.00 / 0.00
SS	World History A	F	1.00 / 0.00
Cred Att: 2.00		Cred Cmo: 0.00	GPA:
Graduation Requirements - Credit Summary			
Subject Area	Req'd	Compl	Needed
Career/Technical/Fine Arts	6.00	0.00	6.00
Electives	12.00	0.00	12.00
English	8.00	0.00	8.00
Physical Health	1.00	0.00	1.00
Mental Health	1.00	0.00	1.00
Math	6.00	0.00	6.00
Physical Education	2.00	0.00	2.00
Science	6.00	0.00	6.00
Social Science	6.00	0.00	6.00
TOTALS	48.00	0.00	48.00

I = Incomplete		W = Withdraw		* = Repeat Course		NG = No Grade		P = Pass																																																																																																													
Grade Point Legend <table border="1"> <tr> <th>Mark</th> <th>Normal</th> <th>AP</th> </tr> <tr><td>A</td><td>4</td><td>5</td></tr> <tr><td>B</td><td>3</td><td>4</td></tr> <tr><td>C</td><td>2</td><td>3</td></tr> <tr><td>D</td><td>1</td><td>2</td></tr> <tr><td>F</td><td>0</td><td>0</td></tr> <tr><td>I</td><td>0</td><td>0</td></tr> <tr><td>NG</td><td>0</td><td>0</td></tr> <tr><td>W</td><td>0</td><td>0</td></tr> </table>			Mark	Normal	AP	A	4	5	B	3	4	C	2	3	D	1	2	F	0	0	I	0	0	NG	0	0	W	0	0	GPA Summary HS Weighted Curn 0.00 Rank: 108 out of 110			<table border="1"> <tr> <th>Immunization</th> <th>1</th> <th>2</th> <th>3</th> <th>4</th> <th>5</th> <th>6</th> <th>7</th> </tr> <tr> <td>Polio</td> <td>08/12/1999</td> <td>11/10/1999</td> <td>02/24/2000</td> <td>07/29/2003</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Mumps</td> <td>12/12/2000</td> <td>07/29/2003</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Varicella</td> <td>12/12/2000</td> <td>09/18/2007</td> <td>04/23/2010</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Rubella</td> <td>12/12/2000</td> <td>07/29/2003</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Measles</td> <td>12/12/2000</td> <td>07/29/2003</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Hepatitis A</td> <td>08/04/2004</td> <td>09/10/2007</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>DTP/Td/Tdap</td> <td>08/12/1999</td> <td>11/10/1999</td> <td>02/24/2000</td> <td>12/12/2000</td> <td>07/29/2003</td> <td>04/23/2010</td> <td></td> </tr> <tr> <td>HIB</td> <td>08/12/1999</td> <td>11/10/1999</td> <td>02/23/2000</td> <td>06/20/2000</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Hepatitis B</td> <td>06/18/1999</td> <td>03/09/2000</td> <td>04/09/2012</td> <td></td> <td></td> <td></td> <td></td> </tr> </table>					Immunization	1	2	3	4	5	6	7	Polio	08/12/1999	11/10/1999	02/24/2000	07/29/2003				Mumps	12/12/2000	07/29/2003						Varicella	12/12/2000	09/18/2007	04/23/2010					Rubella	12/12/2000	07/29/2003						Measles	12/12/2000	07/29/2003						Hepatitis A	08/04/2004	09/10/2007						DTP/Td/Tdap	08/12/1999	11/10/1999	02/24/2000	12/12/2000	07/29/2003	04/23/2010		HIB	08/12/1999	11/10/1999	02/23/2000	06/20/2000				Hepatitis B	06/18/1999	03/09/2000	04/09/2012				
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Registrar Signature _____

12/01/2015