
STANDARDIZED TEST RECORD

ACHIEVEMENT TESTS

APTITUDE TESTS

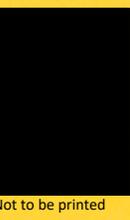
HSAP

ASVAB

SAT

PSAT

HORRY COUNTY SCHOOLS ACADEMIC CARD (GRADES K-8)



NAME _____ (LAST) _____ (FIRST) _____ (MIDDLE) _____ SCHOOL _____

RACE _____ SEX _____ PLACE OF BIRTH _____ (CITY) _____ (COUNTY) _____ (STATE) _____

DATE OF BIRTH _____ (DAY) _____ (MONTH) _____ (YEAR) DATE OF ENTRANCE _____

PRESENT ADDRESS* _____ TELEPHONE NUMBER* _____

MAILING ADDRESS (if different) _____

PHOTOGRAPH

FAMILY DATA

| Parents or Guardian* | Name* | Place of Birth | Educational* Status | Occupation* | Business* Phone | Marital* Status | Living (L) Deceased (D) |
|-------------------------------------|-------------|---|---|---|-----------------------|-----------------|-------------------------|
| Guardian _____ (Relationship) _____ | | | | | | | |
| Father _____ | | | | | | | |
| Mother _____ | | | | | | | |
| *USE PENCIL | Total _____ | Children in Family* Boys _____ Girls _____ | Older Children* Boys _____ Girls _____ | Younger Children* Boys _____ Girls _____ | Others in Home* _____ | | |

ELEMENTARY SCHOOL LEVEL

EXPLANATION OF GRADES: A - EXCELLENT B - ABOVE AVERAGE C - AVERAGE D - BELOW AVERAGE F - FAILING

(May begin with Child Development)

| Year 20 ____ - 20 ____ | Teacher _____ | Grade _____ | Days Present | Days Absent | Days Tardy | Assigned to Grade _____ |
|----------------------------|---------------|---------------|---------------|---------------|---------------|-------------------------|
| Quarters | 1 2 3 4 | 1 2 3 4 | 1 1 1 1 | 1 1 1 1 | 1 1 1 1 | |
| SEE PROGRESS REPORT | | | | | | |
| Year 20 ____ - 20 ____ | Teacher _____ | Grade _____ | Days Present | Days Absent | Days Tardy | Assigned to Grade _____ |
| Quarters | 1 2 3 4 | 1 2 3 4 | 1 1 1 1 | 1 1 1 1 | 1 1 1 1 | |
| SEE PROGRESS REPORT | | | | | | |
| Year 20 ____ - 20 ____ | Teacher _____ | Grade _____ | Days Present | Days Absent | Days Tardy | Assigned to Grade _____ |
| Quarters | 1 2 3 4 | 1 2 3 4 | 1 1 1 1 | 1 1 1 1 | 1 1 1 1 | |
| SEE PROGRESS REPORT | | | | | | |
| Year 20 ____ - 20 ____ | Teacher _____ | Grade _____ | Days Present | Days Absent | Days Tardy | Assigned to Grade _____ |
| Quarters | 1 2 3 4 | 1 2 3 4 | 1 1 1 1 | 1 1 1 1 | 1 1 1 1 | |
| SEE PROGRESS REPORT | | | | | | |

| Year 20__ - 20__ | | Teacher _____ | | | | Grade _____ | | | |
|--------------------|--|---------------|---|---|---|-------------------------|---|---|---|
| Quarters | | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 |
| LANGUAGE ARTS | | | | | | Days Present | | | |
| Reading Text Level | | | | | | Days Absent | | | |
| | | | | | | Days Tardy | | | |
| MATH | | | | | | Assigned to Grade _____ | | | |
| SOCIAL STUDIES | | | | | | | | | |
| SCIENCE/HEALTH | | | | | | | | | |
| ART | | | | | | | | | |
| MUSIC | | | | | | | | | |
| FOREIGN LANGUAGE | | | | | | | | | |
| PE | | | | | | | | | |

| Year 20__ - 20__ | | Teacher _____ | | | | Grade _____ | | | |
|--------------------|--|---------------|---|---|---|-------------------------|---|---|---|
| Quarters | | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 |
| LANGUAGE ARTS | | | | | | Days Present | | | |
| Reading Text Level | | | | | | Days Absent | | | |
| | | | | | | Days Tardy | | | |
| MATH | | | | | | Assigned to Grade _____ | | | |
| SOCIAL STUDIES | | | | | | | | | |
| SCIENCE/HEALTH | | | | | | | | | |
| ART | | | | | | | | | |
| MUSIC | | | | | | | | | |
| FOREIGN LANGUAGE | | | | | | | | | |
| PE | | | | | | | | | |

| Year 20__ - 20__ | | Teacher _____ | | | | Grade _____ | | | |
|--------------------|--|---------------|---|---|---|-------------------------|---|---|---|
| Quarters | | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 |
| LANGUAGE ARTS | | | | | | Days Present | | | |
| Reading Text Level | | | | | | Days Absent | | | |
| | | | | | | Days Tardy | | | |
| MATH | | | | | | Assigned to Grade _____ | | | |
| SOCIAL STUDIES | | | | | | | | | |
| SCIENCE/HEALTH | | | | | | | | | |
| ART | | | | | | | | | |
| MUSIC | | | | | | | | | |
| FOREIGN LANGUAGE | | | | | | | | | |
| PE | | | | | | | | | |

| Year 20__ - 20__ | | Teacher _____ | | | | Grade _____ | | | |
|--------------------|--|---------------|---|---|---|-------------------------|---|---|---|
| Quarters | | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 |
| LANGUAGE ARTS | | | | | | Days Present | | | |
| Reading Text Level | | | | | | Days Absent | | | |
| | | | | | | Days Tardy | | | |
| MATH | | | | | | Assigned to Grade _____ | | | |
| SOCIAL STUDIES | | | | | | | | | |
| SCIENCE/HEALTH | | | | | | | | | |
| ART | | | | | | | | | |
| MUSIC | | | | | | | | | |
| FOREIGN LANGUAGE | | | | | | | | | |
| PE | | | | | | | | | |

MIDDLE SCHOOL LEVEL

NAME _____

SCHOOL _____

EXPLANATION OF GRADES: A - EXCELLENT (100-93) B - ABOVE AVERAGE (92-85)
 C - AVERAGE (84-77) D - BELOW AVERAGE (76-70) F - FAILING (69 and Below)

| Year 20__ - 20__ | | Teacher _____ | | | | Grade _____ | | | | |
|------------------|--|---------------|---|---|---|-------------|-------------------------|---|---|---|
| Quarters | | 1 | 2 | 3 | 4 | YR AV | 1 | 2 | 3 | 4 |
| LANGUAGE ARTS | | | | | | | Days Present | | | |
| MATH | | | | | | | Days Absent | | | |
| SCIENCE | | | | | | | Days Tardy | | | |
| SOCIAL STUDIES | | | | | | | Assigned to Grade _____ | | | |
| MUSIC | | | | | | | | | | |
| ART | | | | | | | | | | |
| HEALTH / PE | | | | | | | | | | |
| EXPLORATORY | | | | | | | | | | |
| SUMMER SCHOOL | | | | | | | | | | |

| Year 20__ - 20__ | | Teacher _____ | | | | Grade _____ | | | | |
|------------------|--|---------------|---|---|---|-------------|-------------------------|---|---|---|
| Quarters | | 1 | 2 | 3 | 4 | YR AV | 1 | 2 | 3 | 4 |
| LANGUAGE ARTS | | | | | | | Days Present | | | |
| MATH | | | | | | | Days Absent | | | |
| SCIENCE | | | | | | | Days Tardy | | | |
| SOCIAL STUDIES | | | | | | | Assigned to Grade _____ | | | |
| MUSIC | | | | | | | | | | |
| ART | | | | | | | | | | |
| HEALTH / PE | | | | | | | | | | |
| EXPLORATORY | | | | | | | | | | |
| SUMMER SCHOOL | | | | | | | | | | |

| Year 20__ - 20__ | | Teacher _____ | | | | Grade _____ | | | | |
|------------------|--|---------------|---|---|---|-------------|-------------------------|---|---|---|
| Quarters | | 1 | 2 | 3 | 4 | YR AV | 1 | 2 | 3 | 4 |
| LANGUAGE ARTS | | | | | | | Days Present | | | |
| MATH | | | | | | | Days Absent | | | |
| SCIENCE | | | | | | | Days Tardy | | | |
| SOCIAL STUDIES | | | | | | | Assigned to Grade _____ | | | |
| MUSIC | | | | | | | | | | |
| ART | | | | | | | | | | |
| HEALTH / PE | | | | | | | | | | |
| EXPLORATORY | | | | | | | | | | |
| SUMMER SCHOOL | | | | | | | | | | |

| Year 20__ - 20__ | | Teacher _____ | | | | Grade _____ | | | | |
|------------------|--|---------------|---|---|---|-------------|-------------------------|---|---|---|
| Quarters | | 1 | 2 | 3 | 4 | YR AV | 1 | 2 | 3 | 4 |
| LANGUAGE ARTS | | | | | | | Days Present | | | |
| MATH | | | | | | | Days Absent | | | |
| SCIENCE | | | | | | | Days Tardy | | | |
| SOCIAL STUDIES | | | | | | | Assigned to Grade _____ | | | |
| MUSIC | | | | | | | | | | |
| ART | | | | | | | | | | |
| HEALTH / PE | | | | | | | | | | |
| EXPLORATORY | | | | | | | | | | |
| SUMMER SCHOOL | | | | | | | | | | |

| Year 20__ - 20__ | | Teacher _____ | | | | Grade _____ | | | | |
|------------------|--|---------------|---|---|---|-------------|-------------------------|---|---|---|
| Quarters | | 1 | 2 | 3 | 4 | YR AV | 1 | 2 | 3 | 4 |
| LANGUAGE ARTS | | | | | | | Days Present | | | |
| MATH | | | | | | | Days Absent | | | |
| SCIENCE | | | | | | | Days Tardy | | | |
| SOCIAL STUDIES | | | | | | | Assigned to Grade _____ | | | |
| MUSIC | | | | | | | | | | |
| ART | | | | | | | | | | |
| HEALTH / PE | | | | | | | | | | |
| EXPLORATORY | | | | | | | | | | |
| SUMMER SCHOOL | | | | | | | | | | |

| HIGH SCHOOL CREDIT EARNED IN 8TH GRADE | | |
|--|-------|--------|
| SUBJECT | GRADE | CREDIT |
| | | |

Horry County Schools are providing you with this information only on the condition that you will not disclose it to any unauthorized party without the prior written consent of the parents of the student if he/she is under 18 (or the eligible student if he/she is 18 or over).

STANDARDIZED TEST RECORD

ACHIEVEMENT TESTS

APTITUDE TESTS

PALMETTO ACHIEVEMENT CHALLENGE TEST (PACT)

OTHER

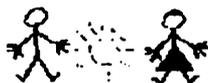
Sample #3

Not to be printed

Student: _____ School: _____

Teacher: _____ Year: _____

Progress Report Signature Card



Message to all parents and guardians:

The progress report you receive each quarter is a summary of your child's performance in school. You may keep it for reference, in working with your child at home. Please sign this signature card, make any comments, and request conferences as often as needed. Return only this signature card in the progress report jacket.

Teachers use traditional tests, performance assessments, and professional observation to determine your child's progress. A discussion of your child's work in relation to the expectations for his/her grade level should be held through regular conferencing. In addition to the evidence of student work, the diagnostic tests administered by Horry County Schools help teachers identify what your child knows, understands, and is able to do in comparison to grade level standards. Your participation in conferences with the teacher will give you a clearer and more complete assessment of your child's progress in school.

Once diagnostic assessment is completed in the fall and teachers have collected a representative sample of student work, a special conference will be held for the purpose of designing a personalized learning plan for your child. You and your child's teacher will discuss and agree upon several strategies for improvement in reading, writing, and mathematics. Your involvement and commitment to this process is vital for your child's success.

Parent Comments and Signatures

First Quarter Comments

Parent Signature: _____

Conference Requested By Teacher: Yes By Parent: Yes

Number To Be Reached: Teacher _____ Parent _____

Second Quarter Comments

Parent Signature: _____

Conference Requested By Teacher: Yes By Parent: Yes

Number To Be Reached: Teacher _____ Parent _____

Third Quarter Comments

Parent Signature: _____

Conference Requested By Teacher: Yes By Parent: Yes

Number To Be Reached: Teacher _____ Parent _____



Sample #5

| Account Number | Revenue Code | Amount |
|----------------|--------------|--------|
| | | \$ |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Total | | \$ |

Cash Check

HORRY COUNTY SCHOOL ACTIVITY FUND
DATE _____, 19____ No. **450225**
RECEIVED OF _____ AMOUNT \$ _____
_____ DOLLARS
SCHOOL NO. _____ BY _____
- THANK YOU -

| Account Number | Revenue Code | Amount |
|----------------|--------------|--------|
| | | \$ |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Total | | \$ |

Cash Check

HORRY COUNTY SCHOOL ACTIVITY FUND
DATE _____, 19____ No. **450226**
RECEIVED OF _____ AMOUNT \$ _____
_____ DOLLARS
SCHOOL NO. _____ BY _____
- THANK YOU -

| Account Number | Revenue Code | Amount |
|----------------|--------------|--------|
| | | \$ |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Total | | \$ |

Cash Check

HORRY COUNTY SCHOOL ACTIVITY FUND
DATE _____, 19____ No. **450227**
RECEIVED OF _____ AMOUNT \$ _____
_____ DOLLARS
SCHOOL NO. _____ BY _____
- THANK YOU -

| Account Number | Revenue Code | Amount |
|----------------|--------------|--------|
| | | \$ |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Total | | \$ |

Cash Check

HORRY COUNTY SCHOOL ACTIVITY FUND
DATE _____, 19____ No. **450228**
RECEIVED OF _____ AMOUNT \$ _____
_____ DOLLARS
SCHOOL NO. _____ BY _____
- THANK YOU -

Sample #6



Horry County Schools

Official Bus Rider Verification Form

School Name: _____

Date: _____

Student's Name: _____

Phone #: _____

Grade: _____

_____ **Permanent Rider**

_____ **Temporary Rider: Dates Authorized** _____ **to** _____

_____ **Temporary Rider: Riding with** _____

AM Bus #: _____

AM Bus Stop: _____

PM Bus #: _____

PM Bus Stop: _____

Principal Signature: _____

Bus Driver Signature: _____

*Form must be signed by school's principal and presented to the bus driver before the student boards the bus.

*Driver will be responsible to verify, sign and turn this form into the bus office.

Sample #7

(School name
to be printed)

Health Office Pass

(Nurses name
to be printed)

Student: _____ Date: ___/___/___

Teacher: _____ Time: _____

Complaint: _____

Head ache _____ Stomach ache _____ Tooth _____

Sore Throat ___ Nose bleed ___ Injury ___ Other ___

Disposition: RTC _____ Home _____

Left Health Office at: _____

Comments from Nurse: _____

Parent called: Y / N

Spoke to parent: Y / N

Left message: Y / N

Sample #8

(School name to be printed)

STUDENT ADMIT / DISMISSAL SLIP CODES

| | | | |
|---------|----------------------|---------|--|
| SC-UNEX | UNEXCUSED/UNVERIFIED | SC-UEPN | PARENT NOTE/UNEXCUSED WITH PARENT'S PERMISSION |
| SC-UTRD | UNEXCUSED TARDY | SC-ETRD | EXCUSED TARDY |
| SC-MED | MEDICAL | SC-REL | RELIGIOUS |
| SC-LEG | LEGAL/COURT | SC-COL | COLLEGE VISIT |
| SC-EDSM | EARLY RELEASE | SC-BRV | BEREAVEMENT/DEATH IN FAMILY |

Name: _____ Grade: _____ Date: _____

(First)

(Last)

Date of Absence(s): _____ Code: _____

Check-In Time: _____ Code: _____ Blocks Missed: 1 2 3 4

5 6 7 8

Check-Out Time: _____ Code: _____

Note to Students: Keep this pass to show your teachers and for your own attendance records.

Name Verified: _____ #: _____

Other: _____

Office Signature

White - Office Copy Canary - Student Copy

Revised 04/19 ASPC

Sample #9

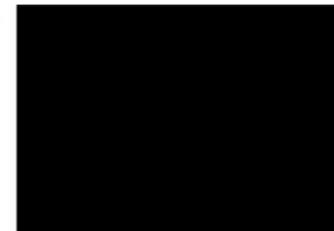


Not to be printed



335 Four Mile Road
P.O. Box 260005
Conway, SC 29528-6005

Sample #10



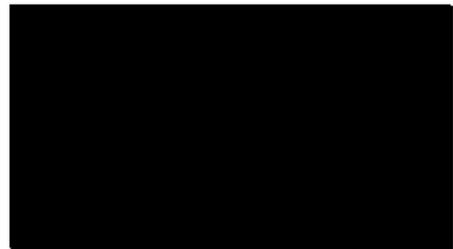
Not to be printed



Horry County Schools

335 Four Mile Road
P.O. Box 260005
Conway, SC 29528-6005

Sample #11



Not to be printed