

Not to be printed



***USE PENCIL.**

***USE PENCIL.**

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Subject	Qtr. 1		Ex	Sm	Qtr. 3	Qtr. 4	Ex	Sm	Yr	Un Cr	
	1	2									
Days Present											
Days Absent											
Times Tardy											
Summer School	Subject		Grade		Total Credits _____						
Third Year _____	H.R. Teacher _____										

Subject	Qtr. 1		Ex	Sm	Qtr. 3	Qtr. 4	Ex	Sm	Yr	Un Cr	
	1	2									
Days Present											
Days Absent											
Times Tardy											
Summer School	Subject		Grade		Total Credits _____						
Third Year _____	H.R. Teacher _____										

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STANDARDIZED TEST RECORD

ACHIEVEMENT TESTS

APTITUDE TESTS

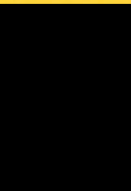
HSAP

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)
Father							
Mother							
Guardian (Relationship)							
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)

<div>Year 20 - 20 Teacher</div> <div>Quarters 1 2 3 4 1 2 3 4</div> <div>Grade 1 2 3 4</div> <div>Days Present 1 1 1 1</div> <div>Days Absent 1 1 1 1</div> <div>Days Tardy 1 1 1 1</div> <div>Assigned to Grade</div>	<div>Year 20 - 20 Teacher</div> <div>Quarters 1 2 3 4 1 2 3 4</div> <div>Grade 1 2 3 4</div> <div>Days Present 1 1 1 1</div> <div>Days Absent 1 1 1 1</div> <div>Days Tardy 1 1 1 1</div> <div>Assigned to Grade</div>	<div>Year 20 - 20 Teacher</div> <div>Quarters 1 2 3 4 1 2 3 4</div> <div>Grade 1 2 3 4</div> <div>Days Present 1 1 1 1</div> <div>Days Absent 1 1 1 1</div> <div>Days Tardy 1 1 1 1</div> <div>Assigned to Grade</div>	<div>Year 20 - 20 Teacher</div> <div>Quarters 1 2 3 4 1 2 3 4</div> <div>Grade 1 2 3 4</div> <div>Days Present 1 1 1 1</div> <div>Days Absent 1 1 1 1</div> <div>Days Tardy 1 1 1 1</div> <div>Assigned to Grade</div>
SEE PROGRESS REPORT	SEE PROGRESS REPORT	SEE PROGRESS REPORT	SEE PROGRESS REPORT

Year 20 ____ - 20 ____		Teacher _____				Grade _____			
Quarters	1	2	3	4	1	2	3	4	
LANGUAGE ARTS					Days Present				
Reading Text Level					I I I				
					Days Absent				
					I I I				
					Days Tardy				
MATH					I I I				
SOCIAL STUDIES					Assigned to Grade _____				
SCIENCE/HEALTH									
ART									
MUSIC									
FOREIGN LANGUAGE									
P.E.									

Year 20 ____ - 20 ____		Teacher _____				Grade _____			
Quarters	1	2	3	4	1	2	3	4	
LANGUAGE ARTS					Days Present				
Reading Text Level					I I I				
					Days Absent				
					I I I				
					Days Tardy				
MATH					I I I				
SOCIAL STUDIES					Assigned to Grade _____				
SCIENCE/HEALTH									
ART									
MUSIC									
FOREIGN LANGUAGE									
P.E.									

Year 20 ____ - 20 ____		Teacher _____				Grade _____			
Quarters	1	2	3	4	1	2	3	4	
LANGUAGE ARTS					Days Present				
Reading Text Level					I I I				
					Days Absent				
					I I I				
					Days Tardy				
MATH					I I I				
SOCIAL STUDIES					Assigned to Grade _____				
SCIENCE/HEALTH									
ART									
MUSIC									
FOREIGN LANGUAGE									
P.E.									

Year 20 ____ - 20 ____		Teacher _____				Grade _____			
Quarters	1	2	3	4	1	2	3	4	
LANGUAGE ARTS					Days Present				
Reading Text Level					I I I				
					Days Absent				
					I I I				
					Days Tardy				
MATH					I I I				
SOCIAL STUDIES					Assigned to Grade _____				
SCIENCE/HEALTH									
ART									
MUSIC									
FOREIGN LANGUAGE									
P.E.									

NAME _____

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)

SCHOOL _____

MIDDLE SCHOOL LEVEL

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

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

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

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 ne/she is 18 or over).

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

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

STANDARDIZED TEST RECORD

ACHIEVEMENT TESTS

APTITUDE TESTS

PALMETTO ACHIEVEMENT CHALLENGE TEST (PACT)

OTHER

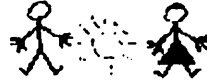
Sample #3

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

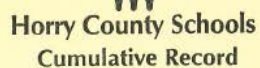
Number To Be Reached: Teacher _____ Parent _____



page#2

FIRST

MIDDLE



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page#1

[illegible]

GRADUATION FROM HIGH SCHOOL		
Graduation Date _____		Name of School _____
Number in Class _____	Rank in Class _____	Number of Semesters Rank is Based _____
IMMUNIZATION INFORMATION		
DPT: 1 _____ 2 _____ 3 _____ Polio: 1 _____ 2 _____ 3 _____ MMR: 1 _____ 2 _____ 3 _____ Hep. B: 1 _____ 2 _____ 3 _____		
Permanent Medical Exemption Date _____ Verified by _____ Religious Exemption Date _____ Verified by _____ SC Immunization Certificate Complete Date _____ Verified by _____		
BIRTH CERTIFICATE INFORMATION		
Date of Birth _____ State _____ Certificate Number _____ Verified By _____		

Horry County Schools is 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).

[illegible]

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

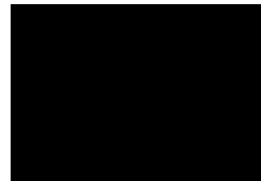


Not to be printed



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

Sample #10



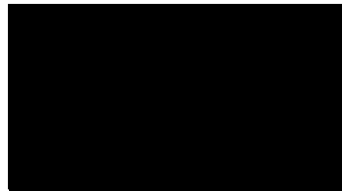
Not to be printed



Horry County Schools

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

Sample #11



Not to be printed