

Student Name	Student Number	Grade		
Katherine Morrison	002342	7		
Class Name	Ex	Reg Ex	FAvg	Units
Art 7	84		80	
Band JH - FT			68	
English 7	81		75	
French 7	87		85	
H & C Skills 7			90	
Math 7	78		81	
PE 7			87	
Science 7	89		83	
Social Studies 7	79		80	
Technology 7			81	
Abs	School Year	Total Units		
10	1997- 1998	0.00		

Student Name	Student Number	Grade		
Katherine Morrison	002342	8		
Class Name	Ex	RegEx	FAvg	Units
English 8	0		27	
French 8			0	
H & C Skills 8			0	
Health 8	78		62	
Math 8			44	
PE 8			45	
Science 8	60		65	
Social Studies 8			40	
Technology 8			61	
<i>9.9.99</i> Eng 8	<i>95</i>		<i>97</i>	
<i>Math 8</i>	<i>57</i>		<i>5</i>	
Abs	School Year	Total Units		
<i>45</i> <i>Soc Sts</i>	1998 - 1999	<i>0.00</i> <i>86</i>		

EXPLANATION OF PHASING

- Phase 1 Special assistance
- Phase 2 Fundamental skills
- Phase 3 Average achievement
- Phase 4 Depth: study
- Phase 5 Increasingly independent learning activities
- Phase X Ungraded but unphased

SCHOOL ACCREDITED BY: State system
 Reg. Accr. Assoc.

Passing Mark: _____ Honors Mark: _____

WEIGHTED-EQUIVALENT MARKING SCALE

MARK	P H A S E				
	5	4	3	2	1
A+	10	9	8	7	X
A	9	8	7	6	X
B+	8	7	6	5	X
B	7	6	5	4	X
C+	6	5	4	3	X
C	5	4	3	2	X
D	4	3	2	1	X
F	0	0	0	0	0

LOWEST NUMERICAL EQUIVALENT

A 90	B 80	C 70	D 66
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DATE	SCORES

REMARKS:

WHEATLAND-CHILI CENTRAL SCHOOL
REGISTRATION FORM

STUDENT NUMBER 002302 PREVIOUS SCHOOL _____
DATE ENTERED W.C.C.S. 9/5/90

HOME AND FAMILY DATA GRADE K

NAME Morrison Katharine BIRTHDATE /84 SEX F
LAST FIRST MIDDLE

ADDRESS 2601 Scottsville Road BIRTHPLACE Rocky Hill
Scottsville, NY 14546 TELEPHONE NO. 889-3601

PARENT STEP FATHER PARENT STEP MOTHER
 GUARDIAN FOSTER PARENT GUARDIAN FOSTER PARENT

FATHER MOTHER

OCCUPATION
EMPLOYER

BUSINESS TELEPHONE NO.
(CHANGES)

EDUCATION COMPLETED

CHILDREN IN FAMILY (OLDEST TO YOUNGEST)

NAME	BIRTHDATE	LIVING AT HOME		NAME	BIRTHDATE
		YES	NO		
<u> </u>	<u> </u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<input type="checkbox"/>	<input type="checkbox"/>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<input type="checkbox"/>	<input type="checkbox"/>	<u> </u>	<u> </u>

IS THERE A HANDICAPPING CONDITION PRESENT NO

NATURE OF CONDITION _____

IS THERE ANY SPECIFIC MEDICAL PROBLEM PRESENT NO HEALTH CARD COMPLETE _____

NATURE OF CONDITION _____

IN CASE OF EMERGENCY NOTIFY Dorothy Seward TELEPHONE NO.
(OTHER THAN PARENT OR GUARDIAN)

DATE LEFT _____ REASON _____

(REV. 4-77) SIGNATURE (PARENT/GUARDIAN) Linda Morrison