

Coastal Academy

High School Academic Semester Transcript

Student Name: _____

Grade: _____

School Year: _____

Semester: _____

| Subject/Course Name | Grade | Credits | AP/Honors (yes/no) | Where taken? (Home/El Co/Harbor etc.) |
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Total credits for the semester: _____

GPA for the semester: _____

Date submitted _____

Parent's signature _____