

Coastal Academy

High School Academic Semester Transcript

Student Name: _____ Grade: _____

Birthdate: _____ Place of Birth (City, State): _____

School Year: _____ Semester: _____

Subject/Course Name	Grade	Credits	AP/Honors (yes/no)	Where taken? (Home/El Co/Harbor etc.)

Total credits for the semester: _____

Date submitted _____

Parent's signature _____