



HIGH SCHOOL CONTINUOUS LEARNING COVER SHEET

1

Student Name: _____

School: _____

Grade Level: _____

2

PARENTS/GUARDIANS:

Please initial each activity that your student completes and return only this cover sheet to the feeding site. You may also fill out this form digitally and email it to your teacher.

3

WEEKLY ACTIVITIES:

May 4-15, 2020

English Language Arts & Spanish

1___ 6___ 11___ 16___
2___ 7___ 12___ 17___
3___ 8___ 13___ 18___
4___ 9___ 14___ 19___
5___ 10___ 15___ 20___

Science

1___ 6___ 11___
2___ 7___ 12___
3___ 8___
4___ 9___
5___ 10___

Algebra I

1___ 2___ 3___ 4___ 5___

Algebra II

1___ 2___ 3___ 4___ 5___

Geometry

1___ 2___ 3___ 4___ 5___

Social Studies

1___ 6___ 11___
2___ 7___ 12___
3___ 8___
4___ 9___
5___ 10___

**YOUR TEACHERS WILL BE REACHING OUT
TO YOU DURING THIS TIME.**

