



Christian Institute of Arts & Sciences

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PERFORMING FINE ARTS ACTIVITY RECORD

Student's Name: _____ Grade: _____ 20____-20____

DATE	HOUR: MIN	ACTIVITY PERFORMED
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Student's Signature _____ Date _____

I certify by my signature that the above hours were completed as recorded.

Teacher/Supervisor's Signature _____		Date _____									
(Required to validate grade report)											
Grade:	A+ <input type="checkbox"/>	A <input type="checkbox"/>	A- <input type="checkbox"/>	B+ <input type="checkbox"/>	B <input type="checkbox"/>	B- <input type="checkbox"/>	C+ <input type="checkbox"/>	C <input type="checkbox"/>	C- <input type="checkbox"/>	D <input type="checkbox"/>	F <input type="checkbox"/>

"I have no greater joy than to hear that my children walk in truth."
III John 4