**Aldergrove Community Secondary School (ACSS) Grade 12 Marks Interim**

|  |
| --- |
| Student Name: \_\_\_\_\_\_\_\_\_\_\_ PEN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Anticipated Graduation Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Current School:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Program Student has Applied for: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

The purpose of this feedback form is to confirm marks for university reporting as a part of the post-secondary application process.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Course Name** | **Teacher Name** | **Interim % Mark** | **Comments** | **Teacher Signature** | **Date Signed** |
|  |  |  |  |  |  |
|  |  |  | . |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |