



# REPORT CARD

School Year:  
Marking Period:

550 Washington Street ♦ Carlstadt, NJ 07072 ♦ (201) 672-3000

Student Name: \_\_\_\_\_ State ID: \_\_\_\_\_ Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_

Subject	Teacher	MP1	MP2	MP3	MP4	Final Grade	Comments

**Additional Teacher Comments**

Explanation of Grades					
A+	97 - 100	C+	80 - 83	E	Excused
A	92 - 96	C	75 - 79	P	Pass
B+	88 - 91	D	70 - 74	I	Incomplete
B	84 - 87	F	69 and Below		

Daily Attendance					
	MP1	MP2	MP3	MP4	Total
Days Absent					
Days Late					

Assigned to Grade \_\_\_\_\_ for the \_\_\_\_\_ school year.