# Leilehua High School

1515 California Avenue Wahiawa, HI 96786 (808) 305-3000

# STUDENT-ATHLETE GRADE CHECK

Nolan Tokuda Athletic Director (808) 305-3143

Last Name:			First Name:	Gr:
Sport:	Circle One:	JV	Coach:	<b>Due Date:</b>
		VAR		

#### STUDENT ATHLETE GUIDELINES:

- 1. Pick up & turn in Grade Checks to the VP area counter.
- 2. Complete all information in <u>**PEN**</u> before giving grade check form to teacher.
- 3. Present this form only during scheduled class period and at the time set by the teacher.
- 4. Obtain Parent/Guardian signature <u>after</u> all teacher signatures have been obtained.

## **TEACHERS:**

- 1. Feel free to deny grade check if student-athlete does not follow the guidelines.
- 2. Pick up & turn in Grade Checks to the VP area counter. Please give one letter grades. (report card style)
- 3. Comments are greatly appreciated
- 4. If you need our assistance with a particular student-athlete, please contact his/her coach through the Athletic Director (Nolan Tokuda) or the Assistant Athletic Directors (Nate Higa or Gayla Sasaki)

### **SUBSTITUTE TEACHERS:**

- 1. Please sign your name in the signature box and write "SUB" in the comments box.
- 2. Grades will be obtained in Infinite Campus for the class you are substituting for that day.

	Subject	Teacher Signature	RM#	GRADE	Absences	Tardies	Attitude	Comments
1							Forgery	or altering any
2							part of tl	ne grade check
3							will resu	ılt in dismissal
4							fron	the team.
5								
6							Student	athletes are
7							required	to complete
Adv							their own	grade check.

Coach's Signature (REQUIRED)	Date

Parent/Guardian Signature (REQUIRED)	Date