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	udent Name:								School Name:					
Ac	ddress:		Address:											
Ph Bi Ge	nrent's Names: none: rth Date: ender: ocial Security #:								Phone: Fax: Date of Graduation: Graduation G.P.A.:					
	YEAR													TEST RECORD
	GRADE	<b>E</b> 9			10			11			12			Date Name of Test Result
	SEMESTER	1	2	CR	1	2	CR	1	2	CR	1	2	CR	
English														
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Math														
Lang.														KEY TO GRADING
Foreign Lang.														A: B:
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