COMPARE & SAVE ON FORMS FOR
ATTENDANCE (Pages 2-3)
ABSENTEE FORMS • LATE SLIPS ADMIT SLIPS • EARLY DISMISSAL FORMS HALL MONITORING
EMERGENCY INFORMATION4
HEALTH AND GUIDANCE
STUDENT CONDUCT
ACADEMIC PERFORMANCE
AWARD CERTIFICATES
OFFICE STATIONERY
PERSONNEL FORMS. 17 TEACHER SUBSTITUTION LEAVE OF ABSENCE FORMS
FINANCIAL FORMS
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E-106 ADMISSION SLIP-41/4x23/4

☐ Absent			AM
☐ Tardy Date(s	:)	Time	PM
Reason			
Excused			

E-107 ABSENCE-TARDY ADMIT SLIP-4 1/4 x 2 3/4



E-106 ADMIT SLIP

E -107 ABSENCE TARDY ADMIT SLIP

E-109 LATE SLIP

E-110 LATE PASS

All Measure 4 ½ x 2 ¾
All Are Available

In 2 Part Carbonless white with yellow duplicate slips

500 sets-\$25.00

1000 sets-\$40.00

2500 sets-\$75.00

5000 sets-\$90.00

In Pads of Bond Paper 100 sheets per pad

25 pads - \$35

50-\$45

100-\$80

250-\$175

In BOOKLETS

Of 2 Part Carbonless 8 white with yellow duplicate forms per page Perforated and Bound in a 9x11 Hard Cover Booklet: 400 Slips Per Booklet

> 2000 Slips in 5 Books \$24.00 per book

> 4000 Slips in 10 Books \$21.00 per book

6000 Slips in 15 Books

\$19.00 per book

8000 Slips in 20 Books

\$17.00 per book

LATE SLIP

Name		
	May Enter Room	
Late	minutes	
Reason		
Date		
Signed		
E-109		Academy Lress

E-109 LATE SLIP-41/4x23/4

	Grade:				
Room:					
Date	Time				
L A	ATE PASS				
Excused	Unexcused				

E-110 LATE PASS-4 1/4 x 2 3/4

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Period		NDANCE REPORT Date	
	– HR		
Name		Name	
Teacher		l	

A 109 CLASSROOM ATTENDANCE REPORT 5½x4¼ In pads of 100 sheets per pad 25...\$40.00 50...\$62.50 100...\$110.00 200...\$180.00

Date		Absentees	A.M. P.M.
Enroll	ment		
Boys	Girls		
Abse	entees I		
Boys	Girls		
A.M			
P.M			

	Hall Pass	
Please allow		
	(Student's Nan	ne)
To go to:		
■ Library	■ Nurse	Principal/Asst. Principal/Asst. Principal/Asst.
■ Guidance	Cafeteria	■ Main Office
■ Dean	Auditorium	■ Bus
■ Computer Lab	■ Locker	■ Room
	□ Other	
D .	T' 1 (c	AN
Date:	I Ime Leπ:	P/V
Teacher/Staff:		
		AM
Time Returning:		PM
Teacher/Staff:		
A-110		Academy Lres

A-110 HALL PASS PADS 4¼×3½ In Pads of 100 sheets per pad 25 pads—\$35 / 50—\$45 / 100—\$80 / 250—\$175 Customize It At No Additional Charge

	Date	20
lame		
as permission for an early disr	missal today.	
leason		
KINDLY ALLOW TH	HE STUDENT TO LEAV	'E AT
A.M.		P.M
authorized Signature		

A-104 Early Dismissal Pad $5\times3-$ Bond Paper-100 Sheets per Pad 25 pads -\$35 / 50-\$45 / 100-\$80 / 250-\$175

OFFICIAL	L REQUEST
Date	
Name	Sec
Room	
Report to the Office of	
☐ Principal	☐ Studies
☐ Student Services	☐ Tuition / Finance
☐ Athletic Director	☐ Librarian
☐ Main Office	☐ Chaplain
☐ Activities	☐ Nurse
☐ Class Advisor	☐ Band
□	☐ Guidance
☐ IMMEDIATEL	Υ
☐ WHEN CONV	ENIENT
☐ AFTER SCHO	OL
<u> </u>	
Dismissed from above office a	ıt
	NATURE
A-108	Academy Dress

A-108 OFFICIAL REQUEST PADS —4¼"x5½"- 100 Sheets per pad 25-\$40.00/ 50-\$62.50 100/\$110.00 200 pads-\$180.00 Customize It At No Additional Charge

> E- 105 EMERGENCY INFORMATION CARD 4" x 6" INDEX, PRINTS 2 SIDES 250—\$35.00 500—\$40.00 1000—\$60.00

Customize It At No Additional Charge

Student's Name	Complete both sides	Gr	Rm.	Dat	:e
Date of Birth		EMERGE	NCY INFORMAT	TION	
Date of Birth	Student's Name			First	M.I.
Student's Address					
FATHER'S NAME Last First Last First Last First PERSON WITH WHOM STUDENT LIVES IF OTHER THAN PARENT Father EMPLOYMENT Place Phone Cell Phone Father: Cell Phone Mother: (Ov Student's Name Last First M.I. Emergency Contact PLEASE DO NOT PUT PARENTS' NUMBERS HERE Name Phone Phone Phone Phone Phone Grade Bus Number Homeroom Teacher Please note any special health conditions such as an allergy to any medication (antibiotics, tetanuo or adhesive sensitivity), to insect bites, convulsions, delayed blood clotting time, etc. If child becomes ill at school, it is the responsibility of the parent to provide transportation home In case of extreme emergency when parents or family physician cannot be contacted, I giv school authorities permission to call a physician or take whatever action deemed necessary.				Home Phone	
NAME Last First NAME Last First Father EMPLOYMENT Mother Place Phone Phone Cell Phone Father: Cell Phone Mother: (Ov. Student's Name Last First M.I. Emergency Contact PLEASE DO NOT PUT PARENTS' NUMBERS HERE Name Phone Phone Phone Phone Phone Phone Student's Name Phone Phon				Zi	p
PERSON WITH WHOM STUDENT LIVES IF OTHER THAN PARENT Father EMPLOYMENT Mother Place Place Phone Phone Cell Phone Father: Cell Phone Mother: (Ov. Student's Name Last First M.I. Emergency Contact PLEASE DO NOT PUT PARENTS' NUMBERS HERE Name Phone Name Phone Family Physician Phone Family Dentist Phone Homeroom Teacher Grade Bus Number Please note any special health conditions such as an allergy to any medication (antibiotics, tetanuor adhesive sensitivity), to insect bites, convulsions, delayed blood clotting time, etc. If child becomes ill at school, it is the responsibility of the parent to provide transportation home In case of extreme emergency when parents or family physician cannot be contacted, I giv school authorities permission to call a physician or take whatever action deemed necessary.					•
Father EMPLOYMENT Mother Place Place Phone Phone Cell Phone Father: Cell Phone Mother: (Overall Phone Father: Place Phone Mother: Place Phone Mother: (Overall Phone Father: Place Phone Mother: Place Plac	Last	First	INAIVIĘ	Last	First
Phone Phone Phone Phone Cell Phone Mother: (Oversign Student's Name Last	PERSON WITH WHOM STUDENT LIVES	IF OTHER THAN PARI	ENT		
Cell Phone Father: Cell Phone Mother: (Overall Student's Name Last First M.I. Emergency Contact PLEASE DO NOT PUT PARENTS' NUMBERS HERE Name Phone Phone Phone Family Physician Phone Phone Family Dentist Phone Bus Number Phone Homeroom Teacher Grade Bus Number Phone Bus Number	_ ****-				
Student's Name Last First M.I. Emergency Contact PLEASE DO NOT PUT PARENTS' NUMBERS HERE Name Phone Phone Family Physician Phone Family Dentist Phone Homeroom Teacher Grade Bus Number Please note any special health conditions such as an allergy to any medication (antibiotics, tetanulor adhesive sensitivity), to insect bites, convulsions, delayed blood clotting time, etc. If child becomes ill at school, it is the responsibility of the parent to provide transportation home in case of extreme emergency when parents or family physician cannot be contacted, I give school authorities permission to call a physician or take whatever action deemed necessary.	Phone		Phone		
Student's Name Last First M.I. Emergency Contact PLEASE DO NOT PUT PARENTS' NUMBERS HERE Name Phone Name Phone Family Physician Phone Family Dentist Phone Homeroom Teacher Strain Stra	Cell Phone Father:		Cell Phone M	other:	
Emergency Contact PLEASE DO NOT PUT PARENTS' NUMBERS HERE Name Phone Phone Family Physician Phone Family Dentist Phone Homeroom Teacher Please note any special health conditions such as an allergy to any medication (antibiotics, tetanuor adhesive sensitivity), to insect bites, convulsions, delayed blood clotting time, etc. If child becomes ill at school, it is the responsibility of the parent to provide transportation home In case of extreme emergency when parents or family physician cannot be contacted, I give school authorities permission to call a physician or take whatever action deemed necessary.					<u> </u>
PLEASE DO NOT PUT PARENTS' NUMBERS HERE Name Phone Phone Family Physician Phone Family Dentist Phone Homeroom Teacher Grade Bus Number Please note any special health conditions such as an allergy to any medication (antibiotics, tetanuor adhesive sensitivity), to insect bites, convulsions, delayed blood clotting time, etc. If child becomes ill at school, it is the responsibility of the parent to provide transportation home in case of extreme emergency when parents or family physician cannot be contacted, I give school authorities permission to call a physician or take whatever action deemed necessary.				First	M.I.
NamePhone	PL		•		
Family Physician Phone Phone Phone Phone Phone Phone Phone Phone Bus Number Please note any special health conditions such as an allergy to any medication (antibiotics, tetanuor adhesive sensitivity), to insect bites, convulsions, delayed blood clotting time, etc. If child becomes ill at school, it is the responsibility of the parent to provide transportation home in case of extreme emergency when parents or family physician cannot be contacted, I give school authorities permission to call a physician or take whatever action deemed necessary.	Name			Phone	
Family Dentist Phone	Name			Phone	
Homeroom Teacher Grade Bus Number Please note any special health conditions such as an allergy to any medication (antibiotics, tetanulor adhesive sensitivity), to insect bites, convulsions, delayed blood clotting time, etc. If child becomes ill at school, it is the responsibility of the parent to provide transportation home in case of extreme emergency when parents or family physician cannot be contacted, I give school authorities permission to call a physician or take whatever action deemed necessary.	Family Physician			Phone	
Please note any special health conditions such as an allergy to any medication (antibiotics, tetanulor adhesive sensitivity), to insect bites, convulsions, delayed blood clotting time, etc. If child becomes ill at school, it is the responsibility of the parent to provide transportation home in case of extreme emergency when parents or family physician cannot be contacted, I give school authorities permission to call a physician or take whatever action deemed necessary.	Family Dentist			Phone	
or adhesive sensitivity), to insect bites, convulsions, delayed blood clotting time, etc. If child becomes ill at school, it is the responsibility of the parent to provide transportation home in case of extreme emergency when parents or family physician cannot be contacted, I giv school authorities permission to call a physician or take whatever action deemed necessary.	Homeroom Teacher			_ GradeBus	Number
In case of extreme emergency when parents or family physician cannot be contacted, I giv school authorities permission to call a physician or take whatever action deemed necessary.					
Parent/Guardian Signature	In case of extreme emerge	ency when pare	ents or family pl	nysician cannot be	contacted, I giv
	Parent/Guardian Si	gnature			

HEALTH CENTER REFERRAL

NAME:	Date:
STUDENT #:	
TEACHER'S SIGNATURE:	
TIME EXCUSED FROM CLASS:	TIME EXCUSED FROM HEALTH CENTER:
REASON FOR REFERRAL:	
ASSESSMENT:	
INTERVENTION:	
NURSE'S SIGNATURE	
A-111	Academy Gress
GUIDANCE O	OFFICE APPOINTMENT
AME	SECTION
TUDENT NUMBER	
	MENT IS SCHEDULED FOR:
Date	Time
how this request slip to your tea	cher before reporting to the Guidance Office.
for some reason, you are unable xample, NOTIFY THE GUIDANCE O	e to keep this appointment due to a test, for OFFICE AS SOON AS POSSIBLE.
OUNSELOR	

NURSE'S OFFICE PASS

	SECTION:			
PERIOD:	TIME:			
DAT	E:			
ED AT NURSE/OFFICE:				
OME:CLASS:				
	OF NURSE/OFFICE			
	PERIOD: DAT			

A-112 Academy Bress

A-111—Health Center Referral—5½x4¼
A-112—Nurse's Office Pass—5½x4¼
A-113—Guidance Office Appointment—5½x4¼

In 2 part carbonless white with yellow duplicate 500 sets —\$30.00 /1000 sets—\$50.00 / 2500 sets—\$95.00 / 5000 sets—\$145.00

In 3 part carbonless white, yellow & pink triplicate \$40.00 / 1000 sets—\$60.00 / 2500 sets—\$125.00 / 5000 sets—\$175.00 Customize Any of These Forms

At No Additional Charge

DEMERIT SLIP

Student Room	
Date	
Number of Demerits	
REASON:	
Issued by:	

E-113—DEMERIT SLIP 5½x4¼

E-114 CONDUCT VIOLATION 5½X4¼

Customize It At No Additional Charge

In 2 part carbonless white with yellow duplicate 500 sets —\$30.00 /1000 sets—\$50.00 / 2500 sets—\$95.00 / 5000 sets—\$145.00

In 3 part carbonless white, yellow & pink triplicate \$40.00 / 1000 sets—\$60.00 / 2500 sets—\$125.00 / 5000 sets—\$175.00

E-114	The Academy School
	SCHOOL ADDRESS ● TELEPHONE NUMBER
	CONDUCT VIOLATION

Student		Grade D	ate
Each infraction	worth one (1) demerit	Each infraction worth	(2) demerits
Out of clas	s without permission	Cheating	
Hallway violation		Repeated Class [Disturbance
Not prepare	ed for class	Dress Code Viola	ntion
Littering		Late for School	
Form not re	eturned	Leaving Without Gym Violation	Permission
Littering Form not returned Tests not signed		Gym Violation	
Incomplete	Assignment	Lying	
No absente		Inappropriate Bel	
Loitering at	ter dismissal	hitting another	student
Disorder du		Chewing Gum/Ea	ating
Out of bou	nds	Defiance	
Disrespect		Profanity	
Total Demerits _		5 demerits = 1 Sate	urday Detention
	AUTO	MATIC SUSPENSION	
Truancy	Fighting	Forgery Deter	tion Cut
Stealing	Vandalism	Drugs/Alcohol Posse	ssion of Weapon
Issued by:		Parent Signature	

DETENTION SLIP

Date(s) Time Room Reason for Detention	has been assigned detention:	:	
Reason for Detention	Date(s)		
	Time	Room	
☐ Attended	Reason for Detention		
☐ Attended			
Aπended			
☐ Did Not Attend			
		(Signature)	Academu Lr

E-111 — DETENTION SLIP 4¼x3½

In 2 part carbonless white with yellow duplicate

500 sets —\$30.00 1000 sets—\$50.00 2500 sets—\$95.00 5000 sets—\$145.00

A-118—DEMERIT NOTICE—5½x4¼

In 2 part carbonless—white with yellow duplicate 500 sets—\$30.00 /1000 sets—\$50.00 / 2500 sets—\$95.00 / 5000 sets—\$145.00

In 3 part carbonless— white, yellow & pink triplicate $500~\rm sets$ —\$40.00 / $1000~\rm sets$ —\$60.00 / $2500~\rm sets$ —\$125.00 / $5000~\rm sets$ —\$175.00

Customize It At No Additional Charge

A-119—DISCIPLINE NOTICE—6x4¼

In 2 part carbonless white with yellow duplicate 500 sets—\$40.00 / 1000—\$65.00 2500—\$110.00 / 5000—\$160.00

In 3 part carbonless—white, yellow & pink triplicate 500 sets—\$50.00 / 1000 sets—\$80.00 / 2500 sets—\$145.00 / 5000 sets—\$195.00

Customize It At No Additional Charge

Academy High School — Demerit Notice		
NAME:DATE:		6 DEMERITS 24 Defiance 25 Repeated Disobedience //Disrespect
TEACHER:COMMENT:		10 DEMERITS 26 Skipping Saturday Detention 27 Disorder at Assembly 28 Cheating 29. Leaving School Premises
PARENT SIGNATURE:		30. Forgery 31. Defacing School property 32. Cutting Class, Lunch, Study
2 DEMERITS 1 Using phone without permission 2 Food/Drink outside of Cafeteria 3 Skipping Cafeteria Table Cleaning 4 Chewing Gum	3 DEMERITS 14. No I.D. Card 15. No hall pass 16. Out of bounds 5 DEMERITS	33.
5. Improper language 6. Dress Code Violations 7. No Parental Form signed or Absence Note 8. Late for School, Class, Study, Cafeteria 9. Not using assigned locker 10. Failure notice not returned 11. Improper use of Technology Room 12. Disregard for Lab Rules or use of equipment 13. Failure to cover Text Book/s	17. Disobedience 18. Disorder in class 19. Disorder in public areas 20. Disrespect 21. Contraband 22. Skipping detention (Private) 22. Skipping detention (School)	15 DEMERITS 39 Fighting 40 Truancy 41 Vandalism

WHITE: OFFICE OF STUDENT SERVICES COPY — CANARY: TEACHER'S COPY — PINK: STUDENT'S COPY

A-118

GOLD: PARENT/GUARDIAN SIGNATURE COPY/RETURN TO OFFICE OF STUDENT SERVICES

Academy Dress

ACADEMY HIGH SCHOOL — DISCIPLINE NOTICE

Name	5	Section Student #
Date Given:		
	Teacher DISCIPLINE OFFICE Damage * Disrespect * (to teacher) (to student) Disobedience * Cafeteria Clean-up 1 Dress Code 1 Food Outside Cafeteria 1 No I.D. 1 Gum 1 Locker Violation 1 Truancy 20/4 Lateness 1 No Absence Note 1 Parking Violation	in Room on (date)
	☐ Bus Conduct	_
		II

A-119

ALL DETAILED CONDUCT FORMS CAN BE MODIFIED INCLUDING

E-114-Conduct Violation,
A-118 Demerit Notice, A-119 Discipline Notice
TO MEET THE NEEDS OF YOUR PROGRAM
AT NO ADDITIONAL CHARGE.

Imprints of your school name, address and phone are also free of charge

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STUDENT'S NAME	DISCIPLINARY REFERRAL	DATE OF INCIDENT	
CLASS	ACADEMY SCHOOL	PERIOD - TIME OF DAY	
	Address • Phone	PERIOD - TIME OF DAY	
FEACHER			
	NOTICE TO PARENTS	-	
	form you of a disciplinary incident involving action taken by the teacher and to cooperate		
REASON(S) FOR THIS NOTICE:			
□ CUTTING CLASS	☐ LACK OF CLASS MATERIALS	☐ RESTLESS, INATTENTIVE BEHAVIOR	
□ EXCESSIVE TARDINESS	☐ LACK OF COOPERATION	□ EXCESSIVE TALKING	
☐ ANNOYING CLASSMATES	☐ RUDE, DISCOURTEOUS BEHAVIOR	☐ MISCHIEVOUS BEHAVIOR	
□ DESTRUCTION OF SCHOOL PROPERTY	D		
ACTION TAKEN PRIOR TO THIS NOTICE:			
□ CHECKED STUDENT'S FOLDER	☐ DETAINED STUDENT AFTER SCHOOL	☐ HELD CONFERENCE WITH PARENT	
☐ HELD CONFERENCE WITH STUDENT	☐ CHANGED STUDENT'S SEAT ☐ SENT PREVIOUS REPORT HOME		
□ CONSULTED COUNSELOR	☐ TELEPHONED PARENT		
PRESENT ACTION AND RECOMMENDATION(S):			
□ STUDENT REGRETS INCIDENT, COOPERATIVE	☐ STUDENT WILL MAKE UP TIME	☐ STUDENT SUSPENDED	
☐ RECURRING INCIDENTS WILL BE REPORTED	☐ STUDENT PLACED ON PROBATION	☐ MAY NOT RETURN UNTIL	
STUDENT MAY NOT RETURN WITHOUT A PARENT	T Customize It At No Additional Char;	ge	

E-119 Discipinary Referral 8½x5½-Available in 3 Part Carbonless (White, Yellow & Pink Triplicate) or 4 Part (White, Yellow, Pink & Gold)

3 Part Carbonless 250 sets—\$50.00 500 sets—\$60.00 1000 sets—\$90.00 2500—\$200.00 5000—\$350.00 4 Part Carbonless 250 sets—\$70.00 500 sets—\$80.00 1000 sets—\$120.00 2500—\$275.00 5000—\$500.00 (Please specify 3 or 4 Part when ordering.)

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A Savings of \$30.00 Per 1000 Sets of 3 Part 8½x5½ Over Other Nation Wide Providers

Make Changes to the Content of This Form At No Additional Charge

For An Additional Savings of \$20.00 Per Form

ACADEMY SCHOOL **CONDUCT NOTICE** DATE STUDENT NAME GRADE TEACHER Your son/daughter has been reported for the following unacceptable behavior Your cooperation is needed in helping us prevent this type of behavior in the future. **REASON: ACTION TAKEN:** ☐ 1. Inappropriate language ■ 8. Lunchroom misbehavior ☐ 16. Conference with student ☐ 2. Fighting ☐ 9. Bus misbehavior ☐ 17. Warning issued ☐ 3. Inappropriate physical contact ☐ 10. Throwing objects ☐ 18. Disciplinary Board Kicking ☐ 11. Failure to do classwork ☐ Punching, Pushing ☐ 19. Out of school Suspension ☐ 12. Leaving class without permission Other □ 20. Parent contacted ☐ 13. Bringing inappropriate articles ☐ 4. Disobedient □ 21.Alternative School to school ☐ 5. Disrespectful ☐ 22. In-school Suspension ☐ 14. Inappropriate attire ☐ 6. Damage to property □ 23. Other □ 15. Other____ ☐ 7. Classroom misbehavior Customize It At No Additional Charge COMMENTS: Please contact me if you need further information concerning this matter. Thank you for your support. Authorized Signature___ A-120 discountschoolforms.com

 A-120—Conduct Notice—8½x5½—Available in 3 Carbonless (White, Yellow & Pink Triplicate) or 4 Part (White, Yellow, Pink & Gold)

 3 Part Carbonless
 250 sets—\$50.00
 500 sets—\$60.00
 1000 sets—\$90.00
 2500—\$200.00
 5000—\$350.00

 4 Part Carbonless
 250 sets—\$70.00
 500 sets—\$80.00
 1000 sets—\$120.00
 2500—\$275.00
 5000—\$500.00

 (Please specify 3 or 4 Part when ordering.)

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and that the recommendations be follow	Name of School Address Telephone NOTICE TO PARENTS ficulty in this subject. It is important that the	TEACHER
The student is presently in academic dif and that the recommendations be follow	Telephone NOTICE TO PARENTS ficulty in this subject. It is important that the	TEACHEN
The student is presently in academic dif and that the recommendations be follow	NOTICE TO PARENTS ficulty in this subject. It is important that the	
and that the recommendations be follow	ficulty in this subject. It is important that the	
and that the recommendations be follow		
	rea. If you would like to discuss this situation	
REASON(S) FOR THIS NOTICE:		
□ POOR APTITUDE IN SUBJECT	□ POOR ATTENDANCE	□ UNSATISFACTORY TEST SCORES
☐ INADEQUATE FOUNDATION IN SUBJECT	☐ FREQUENT LATENESS	☐ INADEQUATE WRITTEN HOMEWORK
□ LACK OF EFFECTIVE MOTIVATION	□ INADEQUATE PREPARATION	□ LACK OF ATTENTION
□ NOT WORKING TO POTENTIAL	☐ LACK OF SERIOUS APPROACH TO STUDIES	☐ MINIMAL CLASS PARTICIPATION
RECOMMENDATIONS:		
□ IMPROVED EFFORT	☐ IMPROVED CLASS WORK	☐ AFTER SCHOOL HELP
□ PARENT-TEACHER CONFERENCE	TEACHER CONFERENCE IMPROVED PREPARATION IT TUTORING	
	Customize it free of charge.	
(Teacher's Signatur	re) (I	Parent/Guardian Signature)
PLEAS	SE SIGN AND RETURN THIS FORM AT YOUR EARLIEST CON	VENIENCE.

E-118 — Progress Report — 8½x5½ — Available in 3 Part Carbonless (White, Yellow & Pink Triplicate) or 4 Part (White, Yellow, Pink & Gold) 3 Part Carbonless 250 sets — \$50.00 500 sets — \$60.00 1000 sets — \$90.00 2500 — \$200.00 5000 — \$350.00 4 Part Carbonless 250 sets — \$70.00 500 sets — \$80.00 1000 sets — \$120.00 2500 — \$275.00 5000 — \$500.00

(Please specify 3 or 4 Part when ordering.)

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Academy School Address • Phone

FAILURE WARNING

QUARTER 1 2 3 4

Dear Parent: We wish to bring to yo	our attention the fact that	SEMESTER	1	2
s doing poorly in		(SECTION)	(STUDE	ENT #)
	before the end of this semester, the stu	dent may fail this	s subject.	
Some reasons for failure are:			-	
PERFORMANCE	HOMEWORK	CLAS	SS WORK	
Lack of effort	Assignments incomplete or late		_ Comes to class	unprepared
Failing test grades	Work missing or poorly done		_ Does not utilize	time well
Poor test/assessment grades	Insufficient home study		_ Inattentive in c	
Doesn't follow directions	Neglect of written homework		_ Violated rules o	_
Failure in daily tests Inconsistent performance	Neglect of study homework Homework copied		_ Lack of coopera Careless writte	
<u> </u>	Absence make-up work not don	 ne	Does not partic	
ATTITUDE Poor attendance/lateness	Poor study habits		_ 2000 pa. c.o	pato
Lack of interest				
Indifferent attitude	REMARKS:	Customize it fi	<u>ee of charge.</u>	
Does not seek extra help				
TEACHER'S SIGNATURE	(DATE OF ISSUE)	(DATE TO BE RE	TURNED WITH PAREN	T SIGNATURE)
	ceipt of this notification of failure and accept my respon			
vno is asked to sign below. I further acknowledge	that my failure to return the signed failure warning to m	y teacher within the pres	cribed time violates	s school policy
STUDENT'S SIGNATURE)	(PARENT'S SIGNATURE	E)		
-124 WHITE PARENT'S COP	/ - YELLOW: OFFICE COPY - PINK: TEACHER'S C	OPY - GOLD: GUIDAI	NCE COPY	Academy Pres
	Customize it free of charg			
	EMY SCHOOL & PHONE NUMBER	E-114 —	Notice of	
	ISATISFACTORY WORK		factory Work	
	DATE		rt carbonless	
DEAR PARENT:			with yellow o	duplicate
I wish to bring to your attention that your child:			cs —\$30.00	
Name	Class	1000 se	ets—\$50.00	
		2500 se	ets—\$95.00	
	marking period, the student may fail in this subject.	5000 se	ets—\$145.00	
	marking perioa, the student may tall in this subject.	In 3 pa	rt carbonless	3
Comments:	stomize it free of charge.	white,	yellow & pin	ık triplicat
	Stomize it free or tharge.		s— \$40.00	
Some reasons for potential failure are:			ets—\$60.00	
☐ Poor Test/Quiz Grades	☐ Missing Assignments	2500 se	ts—\$125.00	
□ Ineffective Study Habits	☐ Incomplete/Poorly Prepared Assignments	5000 se	ts—\$175.00	
□ Lack of Interest/Effort	☐ Frequent Absences	Cus	stomize it free o	of charge.
☐ Poor aptitude in subject	□ Other			
		_		
(Teacher's Signature)	(Parent's Signature)			
	ner. You are also encouraged to contact the teache			
E-114	Academy Pre	SS		

TUDENT'S NAME	COMMENDATION	DATE
RADE	SCHOOL Address	TEACHER
UBJECT	Phone	QUARTER
was excellent. We hope that you will end	Notice to Parents I your attention to the fact that your child's percourage the student to continue to develop the to Some of the reasons for this performance are	alents which have resulted in this favorable
	Student Performance	
☐ Asset to Class	☐ Works to the Best of Ability	☐ Demonstrates Improved Attitude
☐ Participates in Class	☐ Completes Assignments on Time	\square Demonstrates Improved Effort
☐ Demonstrates Leadership	☐ Demonstrates High Degree of Motivat	ion
☐ Constantly Strives for Improvement	☐ Attains High Test Scores	
	Customize it free of charge.	

E-120 — Commendation — 8½x5½ — Available in 3 Part Carbonless (White, Yellow & Pink Triplicate) or 4 Part (White, Yellow, Pink & Gold) 3 Part Carbonless 250 sets — \$50.00 500 sets — \$60.00 1000 sets — \$90.00 2500 — \$200.00 5000 — \$350.00 4 Part Carbonless 250 sets — \$70.00 500 sets — \$80.00 1000 sets — \$120.00 2500 — \$275.00 5000 — \$500.00 (Please specify 3 or 4 Part when ordering.)

Customize it free of charge.

Choose Discount School Forms from Academy Press and Save

We Include a Custom Imprint of Your SCHOOL NAME, ADDRESS & PHONE At No Additional Charge

A Savings of \$30.00 Per 1000 Sets of 3 Part 8½x5½ Over Other Nation Wide Providers

Make Changes to the Content of This Form At No Additional Charge

For An Additional Savings of \$20.00 Per Form

STUDENT'S NAME	Commendation/Recommendation	ı DATE	
CLASS	Name of School	OUARTER	
TEACHER	Address Telephone		
improvement . It is important that the you wish to discuss this matter further,	<u>*</u>	· ·	
THE STUDENT IS COMMENDED FOR THE FOI			
□ ASSET TO THE CLASS	□ WORKS TO THE BEST OF ABILITY	□ DEMONSTRATES IMPROVED ATTITUDE	
□ PARTICIPATES IN CLASS	☐ COMPLETES ASSIGNMENTS ON TIME	□ DEMONSTRATES IMPROVED EFFORT	
□ DEMONSTRATES LEADERSHIP	☐ DEMONSTRATES HIGH DEGREE OF MOTIVATION	-	
□ CONSTANTLY STRIVES FOR IMPROVEMENT	☐ ATTAINS HIGH TEST SCORES		
REASON(S) FOR ACADEMIC DIFFICULTY:			
□ POOR APTITUDE IN SUBJECT	□ POOR ATTENDANCE	☐ UNSATISFACTORY TEST SCORES	
☐ INADEQUATE FOUNDATION IN SUBJECT	☐ FREQUENT LATENESS	□ INADEQUATE WRITTEN HOMEWORK	
☐ LACK OF EFFECTIVE MOTIVATION	☐ INADEQUATE PREPARATION FOR CLASS ☐ LACK OF ATTENTION		
□NOT WORKING TO POTENTIAL	☐ LACK OF SERIOUS APPROACH TO STUDIES	☐ MINIMAL CLASS PARTICIPATION	
RECOMMENDATION(S):			
☐ IMPROVED EFFORT	☐ IMPROVED CLASSWORK	□ AFTER SCHOOL HELP	
□ PARENT-TEACHER CONFERENCE	☐ IMPROVED PREPARATION	□ TUTORING	
	Customize it free of charge.		
	Parent's Signature		

E-121 — Commendation/Recommendation — 8½x5½—Available in 3 Part Carbonless (White, Yellow & Pink Triplicate) or 4 Part (White, Yellow, Pink & Gold)

3 Part Carbonless 250 sets—\$50.00 500 sets—\$60.00 1000 sets—\$90.00 2500—\$200.00 5000—\$350.00

4 Part Carbonless 250 sets—\$70.00 500 sets—\$80.00 1000 sets—\$120.00 2500—\$275.00 5000—\$500.00

(Please specify 3 or 4 Part when ordering.)

Customize it free of charge.

Choose Discount School Forms from Academy Press and Save

www.discountschoolforms.com





A-101—HONOR CARDS—CERTIFICATES—ACADEMIC—ATHLETIC—CIVIC AWARDS—3 Standard Sizes— 3¼"x5" — 5½X8½ — 8½X11 on 80 lb. white cover stock. CUSTOMIZE IT FREE OF CHARGE! With Your School Logo & Your School Colors. Honor cards can also be imprinted as Distinguished Honors, Honorable Mention, etc.



Pricing:

3¼x5	100-\$18.00 / 250-\$30.00 / 500-\$40.00 / 1000- \$60.00
5½ x 8½	100-\$24.00 250-\$45.00 500-\$60.00 1000- \$90.00
8½ x 11	100-\$33.00 / 250-\$60.00 / 500-\$90.00 / 1000- \$170.00

Place Your Order By

FAX: 1-866-223-5495

E-MAIL: academyprinting@aol.com

Or Call: 1-866-223-5490

Please refer to the order form on page 21 for more details.

A-102—SECOND HONOR CARDS Customize it free of charge.

Letterheads & Envelopes

Letterheads in Black Ink 8½ x 11, 20 lb. bond paper —500 sheets - \$33 1000 sheets - \$43 2500 sheets - \$90 **Letterhead in a Standard Ink Color of Your Choice, Red, Blue, Green, Purple or Maroon Ink**

8½ x 11, 20 lb. bond paper—500 sheets - \$48 1000 sheets - \$58 2500 sheets - \$105

Envelopes-Imprinted in Black Ink

#10 Regular	500	\$35.00	1000 \$45.00	2500	\$95.00	5000	\$170.00
#10 Window	500	\$38.00	1000 \$48.00	2500	\$102.50	5000	\$185.00
6¾ Regular	500	\$35.00	1000 \$45.00	2500	\$95.00	5000	\$170.00
6¾ Window	500	\$38.00	1000 \$48.00	2500	\$102.50	5000	\$185.00

Envelopes -Imprinted in a Standard Ink Color of Your Choice: Red, Blue, Green, Purple or Maroon Ink

#10 Regular	500	\$50.00	1000	\$60.00	2500	\$110.00	5000	\$185.00	
#10 Window	500	\$53.00	1000	\$63.00	2500	\$117.50	5000	\$200.00	
6¾ Regular	500	\$50.00	1000	\$60.00	2500	\$110.00	5000	\$185.00	
6¾ Window	500	\$53.00	1000	\$63.00	2500	\$117.50	5000	\$200.00	

Memo Pads—Custom Imprinted in Black Ink

on 20 lb. bond paper: —100 sheets	s per pad in 2 sizes— $4\frac{1}{4}x5\frac{1}{2}$ — $5\frac{1}{2}x8\frac{1}{2}$
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$4\frac{1}{4}x5\frac{1}{2}$	10 Pads—\$25.00	25 Pads— \$40.00	50 Pads—\$62.50	100 pads—\$110.00
5½x8½	10 Pads—\$35.00	25 Pads— \$55.00	50 Pads—\$77.50	100 pads—\$125.00

Memo Pads—Custom Imprinted in a Standard Ink Color of Your Choice—

Red, Blue, Green, Purple or Maroon Ink

On 20 lb. bond paper: –	100 chasts per	nod in 2 sizes	11/x 51/2	51/2×91/2
On 20 lb. bond baber: –	– 100 sneets ber	pag in 2 sizes-	4½X5½	-5½X8½

$4\frac{1}{4}x5\frac{1}{2}$	10 Pads—\$40.00	25 Pads— \$55.00	50 Pads—\$77.50	100 pads—\$135.00
$5\frac{1}{2}$ x $8\frac{1}{2}$	10 Pads—\$50.00	25 Pads— \$70.00	50 Pads—\$92.50	100 pads—\$140.00

Remittance Envelopes

24lb. Bright White

6 1/4 Remittance Envelopes

(3 1/2 x 6 Closed)

6 3/4 Remittance Envelopes

(3 5/8 x 6 1/2 Closed)

#9 Remittance Envelopes

(3 7/8 x 8 7/8 Closed)

Raffle Tickets on 60 lb. Bond Paper in padded booklets or Loose on Index card stock, printed in black or a standard color ink, numbered and perforated.

Academy Press will typeset your copy and provide a proof for your approval, or you may supply the copy on disk.

E-mail your file as a PDF to academyprinting@aol.com

THE ACADEMY SCHOOL

Believe • Achieve • Succeed

Yes! I would like to make a gift to The Academy School's Annual Fund.

Enclosed is my gift of \$___

Please make check payable to The Academy School

Name	I would like to pay by:
address_	□Check □Mastercard □Visa □Amex
	Card #
CityStateZip	Account Name (Please Print)
3-Mail	
How would you like your name to appear in our printed material?	Expiration Date:
The state of the s	Signature_
	☐ I have enclosed a matching gift form from
Please do not list my name in The Schools printed materials	at have enclosed a matching girt form from
Please send me information about the Planned Giving option	☐I will/have given a pledge of \$
ome companies will match employee contributions. Please check with your	☐Through United Way Donor Choice.
ersonnel office for details. Please submit Matching Gift Form along with your gift.	☐The Academy School Donor Option #93

St. Basil The Great School KIMBERTON, PA Name____ Grade Room ____ **Teacher Requests Conference** ☐ 1st Trimester ☐ 2nd Trimester Teacher name: Teacher name: See Comment Parent/Guardian Signature Code Comment Code: (1) I have reviewed this report card with my child noting his/her progress and needs. (2) I request a conference with the teacher. Teacher Name(s): Assigned to Grade For the year Academy Press 9/09

E-122 Report Card Envelopes 6x9 Brown Craft Envelopes (Straight Edge or Thumb Cut)

Straight Edge Blank Envelopes— 9¢ each/ Straight Edge Imprinted—16.5¢ each: MINIMUM ORDER 100 ENVELOPES

Thumb Cut—Blank Envelopes—15¢ each/ Thumb Cut Imprinted— 21.5¢ each: MINIMUM ORDER 100 ENVELOPES

Custom imprint it at no additional charge!

A-114-Personal Leave Form-5½x4¼

4. Other (specify)

Date Signature____

Relationship

A-114

A-115— Substitution Notice 4½x2¾ 2 Part Carbonless: white with yellow duplicate 500—\$25.00 1000—\$40.00 2500—\$75.00 5000—\$90.00

Academy Lress

A-114—Personal Leave Form—5½x4¼

A-116—Notification of Teacher Substitution—4½x5½

In 2 part carbonless
white with yellow duplicate
500 sets __\$30.00 /1000 sets__\$50.0

500 sets —\$30.00 /1000 sets —\$50.00 2500 sets —\$95.00 / 5000 sets —\$145.00

In 3 part carbonless white, yellow & pink triplicate 500 sets —\$40.00 / 1000 sets—\$60.00

2500 sets—\$125.00 / 5000 sets—\$175.00

Thank you for your cooperation.

ASSIGNMENT:

Customize It At No Additional Charge		

A-116 Academy Dress

A-127— RECEIPT BOOKLET— 9x11 Inch Booklet Perforated & Bound	School Name Address Customize It At No Additional Charge Received from	1175
Slip Size 8½x2¾:4 slips per page:		
• 400 slips per book In 2 part carbonless (white with yellow duplicate)	In re: THANK YOU. AMOUNT PAID \$ BALANCE DUE \$ BY: BY: CASH () CHECK () OTHER	
ααρποατθ)		Academy Press A-127
A-127-RECEIPT BOOKLET- PR	ICING— Per 5 Books -1000 Slips—\$24.00 per book / Per 10 Books-2000 Slips—\$21.00 per book	

Per 15 Books-3000 Slips—\$19.00 per book / Per 20 Books-4000 Slips—\$17.00 per book

A-127N RECEIPT BOOKLET WITH SEQUENTIAL NUMBERING-PRICING-

5 Books 1000 Slips—\$29.00 per book / 10 Books 2000 Slips—\$23.50 per book / 15 Books 3000 Slips—\$20.65 per book / 20 Books 4000 Slips—\$18.25 per book

ACADEMY HIGH SCHOOL 521 Irish Hill Road, Suite D ● Runnemede, NJ 08078 Activities Fee Receipt		Academy High School Amount,\$	
Name	20	No	
Received ofDollars		RECEIVED OF PETTY CASH	
Alumni	Testing		20
Development	Transcripts		
Rings	Store	For:	
Senior Prom	Candy Drive	Charge to:	
Junior Prom	Magazine		
Fr. & Soph. Dance	Raffle		
School Dances	Fund Raising	Approved By:	
Yearbook	Vending		
Athletic Receipts	Miscellaneous	Received By:	
Гаgs			
A-128 Customize It At No Add	itional Charge Academy Press	A-129	Academy Dre

A-128 ACTIVITIES RECEIPT — 3 ½ x5

A-129 RECEIVED OF PETTY CASH-3 ½ x5

Telephone: 1-	866-223-5490
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ROUTINE
URGENT

PURCHASE ORDER

Order No.
(MARK ORDER NO. ON INVOICE)

THE ACADEMY SCHOOL 521 IRISH HILL ROAD, SUITE D

ГО:	COMPANY				DATECheck encl		
	ADDRESS						
	CITY		STATE ZIP		Date Required		
DECIA	INSTRUCTION	ie.					
	INSTRUCTION				1	ESTIMATED	
ACC	OUNT No.	QUANTITY			UNIT PRICE	TOTAL COST	
			In 3 Part Carbonless (White, Yellow & Pink) or 4 Part (White, Yellow, Pink & Gold)				
			3 PART 250 Sets—\$65.00 /500—\$85.00 /				
			1000—\$145.00:				
			4 PART 250 Sets—\$70.00 /500—\$135.00 /				
			1000—\$245.00				
			(Please specify 3 or 4 Part when ordering.)				
			PRICING WITH SEQUENTIAL NUMBERING IN ONE POSITION				
			3 PART NCR 250 Sets—\$85.00 /500—\$105.00 /1000—\$168.00:				
			4 PART NCR 250—\$90.00 /500—\$155.00 /1000—\$268.00				
			(Please indicate STARTER NUMBER				
			when orderring.)				
			Customize it free of charge!				
	STANT: DIE	ASE ACKNOW	/LEDGE ACCEPTANCE OF THIS ORDER.		TOTAL		

CANARY APPROVED INVOICE COPY **ORIGINATOR FILE COPY** PINK GOLD **DEPARTMENT COPY**

Academy High School

REQUISITION FORM

No.1001

TO BE PURCHASED FROM:						
ADDRESS: 8½x5½ in a 3 Part Form (White, Yellow & Pink)						
ARTICLE(S) TO BE PURCHASED:	: 3 Part NCR—250 sets—\$50.00 / 500 sets—\$60.00 / 1000 sets—\$90.00					
	Customize it free of charge!					
	FOR SEQUENTIAL NUMBERING IN	N ONE POSITION Add \$20.00				
Approximate Cost: Please indicate a starter number when placing your order.						
Department: Signed:						
Authorization is hereby granted to	order the above articles.					
Date:		Principal				
When you receive the article(s), pleas	e mark this form "merchandise received", sign	·				
A-130 Requisition Form $-8 \frac{1}{2} \times 5$						
I 190 WOQUISHON TOTAL OF 72 X O	7/2 11011					
A-131-Maintenance Request 8½ x5½ NCR	ACADEMY HIGH SCHOOL MAINTENANCE REQUEST	When ordering numbered forms, please be sure to include the starter number.				
		Date				
Please use a separate form for each	ch item.					
Room or Area	8½x5½ in a 3 Part Form (White, Yellow & Pink)					
Location of Item:	3 Part NCR—250 sets—\$50.00 / 500 sets—\$60.00 / 1000 sets—\$90.00					
Nature of Item Which Needs Attent	ion: Customize it free of charge! FOR SEQUENTIAL NUMBERING	G IN ONE POSITION Add \$20.00				
	Please indicate a starter number who	en placing your order.				
OTHER REMARKS:						
	Signature					

ACADEMY FAX FORM—FAX YOUR ORDER TOLL FREE 1-866-223-5495

Before completing this form, please make copies for later use.

School Name	School official responsible for this order: (Please print below.)				
Address	(Please Print)	_			
		_ Title			
Telelphone: (Signature	Signature			
Fax: ()	•				
E-Mail Address:	unless you require confirmation via one of the following:				
Purchase Order No. —	(if applicable)	☐ Fax	☐ Telephon	е	
Item Number	Description		Quantity	Please check the appropriate box and include changes on a seperate sheet.*	
				☐ Standard form ☐ With Changes	
				☐ Standard form ☐ With Changes	
				☐ Standard form ☐ With Changes	
				☐ Standard form ☐ With Changes	
				☐ Standard form ☐ With Changes	
				☐ Standard form ☐ With Changes	
				☐ Standard form ☐ With Changes	
				☐ Standard form ☐ With Changes	
				☐ Standard form ☐ With Changes	
				☐ Standard form ☐ With Changes	
Please complete th	ne following: TODAY'S DATE:		Please allov	v approximately 5 to 7 working days.	
Orders requiring re	quested alterations, will be completed within	2 weeks of a	pproval of a fina	l proof.	
ADDITIONAL INST	RUCTIONS:				
•	g changes to a form, send any logos or text fil he brochure, print any alterations clearly on th			, .	
Please send Bo	ok Binding material to: Academy Press	, 521 Irish	Hill Road, Suit	e D, Runnemede, NJ 08078	
PAGE ONE O	F(pages in this fax)				