

Weekly Student Progress Report

Student/Player Name _____ Grade _____

School _____

Dear Teacher/Administrator:

The Brevard Bulls Basketball Organization is committed to encouraging and promoting academic excellence for our student athletes. In order to participate in Brevard Bulls activities, each student athlete must present a Weekly Progress Report. I ask that you complete this form and return to the above named student. Your support and cooperation is greatly appreciated.

Steve Hughes

President, Brevard Bulls Basketball Organization

DATE	SUBJECT	DAYS ABSENT	MISSED ASSIGNMENTS	OVERALL CONDUCT*	TEACHER (Name & Initials)
1-5-09	Math	1	3	6	John Doe JD

***Rate overall conduct on a scale from 1 (worst) to 10 (best).**