



COMMENT SHEET

<input style="width: 95%; height: 25px;" type="text"/> COURSE NAME AND GRADE (PLEASE PRINT)	<input style="width: 95%; height: 25px;" type="text"/> MARKER / TEACHER'S NAME (PLEASE PRINT)	<input style="width: 95%; height: 25px;" type="text"/> NUMBER MODULE OR UNIT OR BLOCK
<input style="width: 95%; height: 25px;" type="text"/> STUDENT NAME (PLEASE PRINT)	<input style="width: 25%; height: 25px;" type="text"/> AREA CODE	<input style="width: 50%; height: 25px;" type="text"/> TELEPHONE NUMBER
<input style="width: 95%; height: 25px;" type="text"/> STUDENT DES NUMBER	<input style="width: 95%; height: 25px;" type="text"/> EMAIL ADDRESS (PLEASE PRINT)	
NOTE: PLEASE COMPLETE THE INFORMATION ON THIS FORM AND PUT YOUR NAME AND ADDRESS ON THE BACK OF THIS WHITE PAGE. ATTACH THIS FORM TO THE FRONT OF YOUR WORK.	<input style="width: 40px; height: 25px;" type="text"/> LETTERGRADE	<input style="width: 40px; height: 25px;" type="text"/> % GRADING
	FOR OFFICE USE ONLY	
		<input style="width: 95%; height: 25px;" type="text"/> NUMBER SEND-IN ACTIVITIES / EXERCISE SEC.
		OR <input style="width: 95%; height: 25px;" type="text"/> NUMBER PROJECT NUMBER
		<input style="width: 95%; height: 25px;" type="text"/> TEST A, B, C or D

DATE SENT TO MARKER / TEACHER	YEAR	MONTH	DAY
	_ _	_	_
RECEIVED BY MARKER / TEACHER	YEAR	MONTH	DAY
	_ _	_	_
RETURNED TO THE DISTANCE EDUCATION SCHOOL	YEAR	MONTH	DAY
	_ _	_	_



STUDENT, PARENT OR SUPERVISOR'S COMMENTS	TEACHER / COUNSELLOR / ADMINISTRATOR COMMENTS

TO AVOID DELAY PLEASE PRINT YOUR NAME AND ADDRESS IN THE SPACE PROVIDED ON THE BACK OF THIS SHEET

MARKER / TEACHER'S COMMENTS

Is this a change of address?

YES

NO

Please print

NAME
ADDRESS
CITY/TOWN, PROVINCE, COUNTRY, POSTAL CODE

Use this address box
if you are mailing
a **TEST**

Please print

NAME
ADDRESS
CITY/TOWN
PROVINCE, COUNTRY
POSTAL CODE

Use this address box
if mailing a
SEND-IN ACTIVITY

Is this a change of address?

YES

NO