



Student Evaluation Record

School Name _____ School Number _____ Dates: Start: _____ To: _____

Student's Name (Last, First, Middle)	Date of Birth	Firearms (X if failed)	Withdrawn (X)	Ext. Medical/Military	Ext. Comp (Y/N)	Mandatory Attendance Completed (Y/N)	Certificate Eligible (Y/N)

Commander's Signature

Date

Commander's Name