

TURNER CHRISTIAN ACADEMY

6501 SCHIRRA CT. SUITE 204, BAKERSFIELD CA. 93313
COURSE OF STUDY/SEMESTER OBJECTIVES

PROPOSED COURSE OF STUDY FOR: _____

YEAR _____	DATE _____
SEMESTER 1ST 2ND	GRADE _____
AGE _____	TEACHER _____

Your student is not considered enrolled in TCA until this completed form is in your student's file. Retain a copy for your files.

1 BIBLE: COURSE TITLE:

Textbooks:
Course Description:

2 LANGUAGE ARTS/ENGLISH: COURSE TITLE

Textbooks:
Course Description:

3 MATHEMATICS: COURSE TITLE

Textbooks:
Course Description:

4 SOCIAL STUDIES: COURSE TITLE

Textbooks:
Course Description:

5 SCIENCE: COURSE TITLE

Textbooks:
Course Description:

6 P.E. AND HEALTH: COURSE TITLE

Textbooks:
Course Description:

7 ELECTIVES: COURSE TITLE

Textbooks:

Course Description:

CONTINUED PROPOSED COURSE OF STUDY FOR:

8 ELECTIVES: COURSE TITLE

Textbooks

Course Description:

9 OTHER: COURSE TITLE

Textbooks

Course Description:

10 OTHER: COURSE TITLE

Textbooks

Course Description:

11 OTHER: COURSE TITLE

Textbooks

Course Description: