

**MISSION TRAILS REGIONAL OCCUPATIONAL PROGRAM**

867 East Laurel Drive, Salinas, CA 93905 (831) 753-4209

**ASSIGNMENT CHECKLIST**

STUDENT NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

ADDRESS \_\_\_\_\_ ID NUMBER \_\_\_\_\_

PARENT/GUARDIAN \_\_\_\_\_ TELEPHONE NUMBER \_\_\_\_\_

1 <sup>ST</sup> TERM	P	F	CITIZENSHIP	O	S	U	CREDIT _____
2 <sup>ND</sup> TERM	P	F	CITIZENSHIP	O	S	U	CREDIT _____
SEMESTER GRADE	P	F					
3 <sup>RD</sup> TERM	P	F	CITIZENSHIP	O	S	U	CREDIT _____
4 <sup>TH</sup> TERM	P	F	CITIZENSHIP	O	S	U	CREDIT _____
FINAL GRADE	P	F					

**STUDENT SCHEDULE**  
*PLEASE USE PENCIL.*

PERIOD		
1	TEACHER _____	ROOM _____
2	TEACHER _____	ROOM _____
3	TEACHER _____	ROOM _____
4	TEACHER _____	ROOM _____
5	TEACHER _____	ROOM _____
6	TEACHER _____	ROOM _____

COUNSELOR \_\_\_\_\_ PHONE \_\_\_\_\_

**ASSIGNMENT CHECK LIST**

ASSIGNMENT #1 REG \_\_\_\_\_  
 ASSIGNMENT #2 \_\_\_\_\_  
 ASSIGNMENT #3 \_\_\_\_\_  
 ASSIGNMENT #4 \_\_\_\_\_  
 ASSIGNMENT #5 \_\_\_\_\_  
 ASSIGNMENT #6 \_\_\_\_\_  
 ASSIGNMENT #7 \_\_\_\_\_  
 ASSIGNMENT #8 \_\_\_\_\_  
 ASSIGNMENT #9 \_\_\_\_\_  
 ASSIGNMENT #10 \_\_\_\_\_

ASSIGNMENT #1 \_\_\_\_\_  
 ASSIGNMENT #2 \_\_\_\_\_  
 ASSIGNMENT #3 \_\_\_\_\_  
 ASSIGNMENT #4 \_\_\_\_\_  
 ASSIGNMENT #5 \_\_\_\_\_  
 ASSIGNMENT #6 \_\_\_\_\_  
 ASSIGNMENT #7 \_\_\_\_\_  
 ASSIGNMENT #8 \_\_\_\_\_  
 ASSIGNMENT #9 \_\_\_\_\_