

Date:		Homework?		Assignments	Done
		None	Yes		
MONDAY	Math	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
	Science	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
	ELA	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
	Computers	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
	Elective	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>

Date:		Homework?		Assignments	Done
		None	Yes		
TUESDAY	Math	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
	ELA	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
	Personal Finance	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
	Elective	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>

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		None	Yes		
WEDNESDAY	Math	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
	Writing	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
	Social Studies	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
	Computers	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
	Elective	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>

Date: _____

		Homework?		Assignments	Done
		None	Yes		
THURSDAY	Math	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
	ELA	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
	Personal Finance	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
	Elective	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>

Date: _____

		Homework?		Assignments	Done
		None	Yes		
FRIDAY	Math	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
	Science	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
	Social Studies	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
	Elective	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
	Study Skills	<input type="checkbox"/>	<input type="checkbox"/>	<i>Have parent sign Golden Check-list AFTER showing Lumen grades and Lumen Grade Alert</i>	<input type="checkbox"/>