

# The Gathering Place Academy

## CURRICULUM LIST

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Student Name \_\_\_\_\_ School Year \_\_\_\_\_ Grade \_\_\_\_\_

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Address \_\_\_\_\_ Phone \_\_\_\_\_

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City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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Parent email address \_\_\_\_\_

## CURRICULUM LIST

Subject	Text Title	Publisher	Grade Level	Source	Instructor

Parent Name: \_\_\_\_\_  
(Please Print)

Parent Signature: \_\_\_\_\_