



**ORANGE COUNTY DEPARTMENT OF EDUCATION  
Pacific Coast High School**

**Alternative Course  
Weekly Assignment Cover Sheet**

*(Photocopy this form and attach to student work when submitted)*

Course Title \_\_\_\_\_ Credits \_\_\_\_\_

Student \_\_\_\_\_

Academic Month \_\_\_\_\_ Faculty Advisor \_\_\_\_\_

**Friday Submission Date**

**Tasks Submitted**

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FOR SCHOOL USE ONLY Credit
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Parent Signature \_\_\_\_\_

Date \_\_\_\_\_