

Pioneer Family Academy

Private School Satellite Program

Proposed Course of Study K-8

STUDENT'S NAME: _____

BIRTH DATE: _____ AGE: _____ GRADE: _____ ACADEMIC YEAR: _____

| SUBJECT | BOOK TITLE | PUBLISHER | LEVEL |
|--------------------|------------|-----------|-------|
| BIBLE | | | |
| READING | | | |
| COMPOSITION | | | |
| MATH | | | |
| HISTORY | | | |
| SCIENCE/HEALTH | | | |
| FINE ARTS | | | |
| PHYSICAL EDUCATION | | | |