

Easter STUDY PLANNER

Name.....

| Time | MONDAY | TUESDAY | WEDNESDAY | THURSDAY | FRIDAY | WEEKEND |
|---------------------------------|--------|---------|-----------|----------|--------|---------|
| SUBJECT 1 | | | | | | |
| Chapters/ Topics Covered | | | | | | |
| What I need to go back over? | | | | | | |
| SUBJECT 2 | | | | | | |
| Chapters/Topics Covered | | | | | | |
| What I need to go back over? | | | | | | |
| SUBJECT 3 | | | | | | |
| Chapters / Topics Covered | | | | | | |
| What I need to go back over? | | | | | | |

LEAVE THE PHONE IN ANOTHER ROOM WHEN YOU ARE STUDYING.

We hope you and your families are keeping healthy and well. Best wishes, Guidance Dept.

