#### "Classroom Policy" Acknowledgement and Acceptance Form Mrs. UB – AFM

# PLEASE COMPLETE ALL INFORMATION AND HAVE YOUR CHILD RETURN THIS FORM TO ME BY FRIDAY, FEBRUARY 2ND.

#### Part 1: To Be Completed by Parent/Guardian:

Please read the classroom policy handed out in class to your child today. Then complete the following: I have read Mrs. UB's classroom policy thoroughly, acknowledge the procedures that will be used for my son/daughter's math class, and accept the expectations put forth for my child. I agree to check Powerschool regularly to stay updated on my child's progress. Parent/Guardian signature: \_\_\_\_\_ **Date:** \_\_\_\_\_ It is my hope that your child will find success in my classroom. In order to keep you informed of your child's progress, please give an email address (print clearly) so that I can easily reach you. I will also be sending out a class update by email on a regular basis to keep you informed about the class. Parent/Guardian Contact Information PLEASE PRINT NEATLY **Primary Contact: Secondary Contact:** Name: \_\_\_\_\_ Relationship to student: \_ Relationship to student: \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work/Home Phone: Work/Home Phone: **Best time to contact Best time to contact** by phone: \_\_\_\_\_\_ by phone :\_\_\_\_\_ \*\* On the back of this sheet, please feel free to express any questions, concerns or comments or email me at aunklesbay@wcpss.net. \*\*DONATION OF A BOX OF TISSUE OR HAND SANITIZER IS GREATLY APPRECIATED!\*\* Part 2: To Be Completed by Student: I have read Mrs. UB's classroom policy thoroughly, acknowledge the procedures that will be used for my math class, and agree to abide by the stated expectations. Student Name (please print):\_\_\_\_\_ Student Signature: \_\_\_\_\_ Date:

Parent of	uestions.	concerns.	or	comments (	may	also	email	me at	aunklesbay	$\sqrt{a}$ wc	pss.net)	):
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### PLEASE DO NOT WRITE BELOW THIS LINE

## Parent/Guardian Contacts

Date	Time	Phone call, email, meeting	Communicated with	Comments