U.S. STUDIES 2016-2017

Parents/Guardians,

Return this portion to me by Friday, September 2nd. Your child may keep the syllabus for reference.

| I have read and understand this course's practices and expectations. |
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| Student Name: |
| Student Signature: |
| Parent/Guardian Name(s): |
| Relationship to Student: |
| Parent/Guardian Signature: |
| Best way to get in touch with you: |
| We check Parent Portal regularly We are unable to check Parent Portal We would like to have someone contact us to help with Parent Portal We have access to the internet at home We do not have access to the internet at home Any concerns or things you would like for me to be aware of? |
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