

# *Reeds Spring Middle School*

## *Home of the Wolves*

345 Morrill Lane, Reeds Spring, MO 65737 Tel: (417) 272-8245 Fax: (417) 272-8490

**Dr. Travis Kite Principal**

**Mr. Kurt Stumpff Assistant Principal**

**[www.rs-wolves.com](http://www.rs-wolves.com)**

## *Parent Assurance Statement*

I certify that I have read and understand the Parent Contract Form, Eight Step Parent Communication Protocol and expectations and information related to sportsmanship. I understand that I am a role model for my son/daughter and that I represent our school and our community when I attend an activities function. I also understand that if I do not comply with expectations and responsibilities that I may forfeit my privilege of attending future activities involving our schools.

**Student/Athlete Printed Name:** \_\_\_\_\_

**Parent Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

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