

Name: _____

Period: _____

2018-19 Language Arts 3 Syllabus Parent/Guardian/Student Signature and Contact Information Page

By signing this you are acknowledging that you have read and agree to Ms. McLeish's syllabus and letter regarding her objectives and expectations for her classroom. Thank you!

Primary Contact

Printed Name: _____ Signature: _____

Phone Number: _____

Email: _____

Secondary Contact

Printed Name: _____ Signature: _____

Phone Number: _____

Email: _____

Student

Printed Name: _____ Signature: _____

Email: _____ Period: _____

Film Viewing Policy Permission Slip

District policy requires teachers to have parent permission when showing a video rated PG-13.

Please check and sign below:

My student, _____

(Please print first and last name)

May see a PG-13 video

May not see a PG-13 video

Parent/Guardian's Signature: _____

Date: _____

Please sign and return to

MS.MCLEISH by Thursday: August 30, 2018

Thank you!

PRIDE



TRADITION



EXCELLENCE