

Before you start filling out this form, please access the course syllabus by going to: khslawrence.weebly.com Place the cursor on your child's class and the menu will drop down. Click on the Syllabus link. Once you have had a chance to access and read the syllabus, complete the form below and return it to Mrs. Lawrence by Wednesday August 17th.

Student's Name:

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First name Last name

Period in Mrs. Lawrence's class	1 st <input type="checkbox"/>	2 nd <input type="checkbox"/>	3 rd <input type="checkbox"/>	4 th <input type="checkbox"/>	5 th <input type="checkbox"/>	6 th <input type="checkbox"/>
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By signing below, you are indicating that you have read and understand the information contained in the Syllabus for Mrs. Lawrence's class and are willing to contribute to a successful year.

Student signature:

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Parent/Guardian signature:

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If you do not have access to the Internet, please check the box below so that I can provide you with a hard copy.

Our Family does not have access to the internet, so please send us a hard copy.

Primary parent's (or guardian's) information

Name:

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Work/Cell number:

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email:

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Preferred method of contact: (circle one) E-MAIL / PHONE. If phone, phone #: (_____)_____-_____

Secondary parent's (or guardian's) information (if any)

Name:

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Work/Cell number:

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email:

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Preferred method of contact: (circle one) E-MAIL / PHONE. If phone, phone #: (_____)_____-_____

Does your child need to wear glasses/contacts? YES NO (Check one)

(Optional) Any additional comments or information will be greatly appreciated:
