

Complete and Return to Mrs. Greene

Student Name _____

Period _____

Parent/Guardian(s) Name: _____

Preferred Daytime Phone Number: _____

E-mail: _____

Do you check Power School regularly? YES NO

Did you locate the class website? YES NO

Did you sign up for class text message (Remind)? YES NO

Any other information Mrs. Greene needs to know. _____

Please list grades and scores received in:

Math Analysis (1st and 2nd semester): _____

ACT Math Subscore: _____

“I have read and understand the expectations and requirements of Mrs. Greene’s classroom.”

Student Signature: _____ Date: _____

Parent/Guardian: _____ Date: _____