

Complete and Return to Mrs. Parkey

Student Name _____

Period _____

Parent/Guardian(s) Name: _____

E-mail: _____

***Please list an email address that you often check.**

Do you check Power School regularly? YES NO

Did you locate the class website? YES NO

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

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

Student Signature: _____ Date: _____

Parent/Guardian: _____ Date: _____