

English Language Arts—Mrs. Garcia-Larson

Please sign and return this sheet and keep the attached packet.

Student Printed Name

Student Signature

Parent/Guardian Printed Name

Parent/Guardian Signature

Date

I give my consent to the media viewing and understand the expectations and policies as stated in the course outline of Mrs. Garcia-Larson's English Language Arts class (see media list to review potential titles).

I do not consent to the media viewing and/or other portion of the course outline.

Comments: _____

My child and I have read and understand the ELA Course Outline for Mrs. Garcia-Larson's class.

Yes or No

My child and I have signed up for REMIND text messages and understand that doing so is highly beneficial for success in this course.

Yes or No

Parent/Guardian Contact Information

Name

Relation to Student

Phone #'s: Home/Cell

Name

Relation to Student

Phone #'s: Home/Cell

In many cases, email is the quickest and easiest form of contact. Please share the e-mail address that you would like me to use to contact you.

Any useful information I should know about your child:

Student Info:

Favorite Hobby/Sport: _____

Favorite Song/Music Group: _____

Favorite Candy: _____

Any additional comments: _____