SYLLABUS AFFIRMATION FORM

Dear Parent or Guardian,

Please sign below to indicate that you have read the course syllabus. Please return after signing.

*I have read and understand my child’s course rules and expectations.*

Parent/Guardian Printed Names:

Parent/Guardian signature:

Email Address: Preferred Phone Number:

I give permission for my student to view film clips

I do NOT give permission for my student to view film clips

Parent/Guardian Signature:

Dear Student,

Please sign below to affirm the following statement.

*I have read and understand the course rules and expectations. I understand my responsibilities as a student.*

Student Name: Period:

Student signature: Date:

Please return this form to Ms. Paras by **Friday, September 8th**.

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