CLASSROOM AGREEMENT

CLASS PERIOD	Las	t year Teacher/Math
Name		
(Last)	(First)	(Name known by)
Student e-mail address:		
Guardian phone number: _		Guardian phone number:
Guardian e-mail:		Guardian e-mail:
Who do you live with?	(Name)	(Relationship)
procedures and policies of come prepared for class	outlined in the AP Pro and give their best eff	, I have read and agree to uphold the calculus syllabus. I also agree to encourage my student to ort on a daily basis. ON POWER SCHOOL AND HAVE AN POWER SCHOO
Guardian(s) Name		
Guardian Signature		Date
the procedures and polic	ies outlined in the AP	, have read and agree to uphol Precalculus syllabus. I also agree to come prepared for
class and give my best ef	fort on a daily basis.	
I WILL FOLLOW MY	GRADES WEEKLY	ON POWERSCHOOL.
Student Name		
Student Signature		Date