

Physics: Parent and Student Information

Period (Circle One): 3 4 7 8

Student Information

Last Name _____ First (Preferred) Name _____

Parent Information

Mom's Name _____

Mom's Phone Number (daytime) _____

Mom's Email Address _____

Dad's Name _____

Dad's Phone Number (daytime) _____

Dad's Email Address _____

Please read the statement below and sign. Please return this entire page to me by the second day of class.

I have read the Physics Information Sheet and understand all the information that is outlined, included but not limited to: books and materials, grades, tutorials, expectations, consequences, cheating, etc.

Student Signature _____ Date _____

Parent Name (printed) _____

Parent Name (signed) _____ Date _____