Please sign and return this page

(Please note... there are 4 places for a parent signature and 3 places for a student signature)

Classroom Expectations Are Understood

This section states that you and your student have g and agreed upon.	one over the classroom expectations for ph	otography class this semester and all is	understood
Student Name:	Class Period:	Date:	
Student Signature:	Parent Signature:		
Let This section states that you and your student unders	Inderstanding of Class Shooting Procedure		vith limited
supervision. They can walk and/or ride the public bu	-		
be with them and other times they will be in groups		-	
remember to BE EAST (Engaged, Accountable, Safe,			-
Student Name:	Class Period:	Date:	
Student Signature:	Parent Signature:		
	Permission to Use Your Name and Artwork		
If I choose your student's work for Photo of the Mor		ndar(s) or as some other form of reprod	duction, I wil
need parental/guardian permission to print your stu	dent's name on the project. By signing belo	w you are giving permission to use you	r student's
name as a way to acknowledge their hard work and	success in photography class this semester,	for purposes of promoting/supporting	our
photography program.			
Student Signature:	Parent Signature:		
	Cell Phone or E-Mail Contact Sheet		
I have implemented a program where I text/e-mail s		eral and emergency group communicat	ion in my
classroom, it seems to work very well. I send short t			
mail accounts. I encourage everyone to participate, the class list!	as it utilizes a great resource that most of u	s already have. Please feel free to add y	ourself to
Note: Anything that will be sent will also be written cell phones.	on the board and talked about in class; no '	new" assignments or information will b	oe sent to
Parent/Guardian Sianature:		Date:	

This just lets me know that you read through this sheet and you are ok with me using this form of communication.