

**Please sign and date the following form and return to Mrs. Kaurich
by Monday, September 9, 2019**

**I have read and discussed the following guidelines and expectations for Mrs.
Kaurich's classroom for the 2019-2020 second semester with my child.
He/she understands what is expected of them for a successful first semester.**

Parent name (print) _____

Parent signature _____

Cell phone number _____

Work number _____

Date _____

**I have read and discussed the guidelines and expectations for Mrs. Kaurich's
classroom for the 2019-2020 school year second semester with my parent(s).
I understand what is expected of me in order to have a successful school
year.**

Student name (print) _____

Date _____