

GEOMETRY 2015-2016
RETURN THIS FORM TO YOUR TEACHER

September 2015

Dear Parent/Guardian,

Thank you for taking the time to review the COURSE GUIDELINES that was sent home with your child. We want you to be aware of the requirements, expectations, and grading policies for Regents Geometry. We hope that we will be able to work together to ensure your child's success in this course.

Please provide your contact information so that we may begin our communication. We have instructed your child to return this form by the end of the first week of school.

If you have any questions or concerns, please do not hesitate to email or call 884-7150.

Very truly yours,

Ms. Jill Greening
jgreening@bscsd.org

Ms. Cindy Walkanowski
cwalkanowski@bscsd.org

Mrs. Sara Grube-Edwards
sgrube-edwards@bscsd.org

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STUDENT Information

Name: _____ Birthday (month & day): _____

Student Calculator ID: _____ Type of Calculator & color: _____
To locate ID type 2nd MEM, About

Last year's math course: _____ and teacher: _____

Extracurricular activities/hobbies: _____

Things you might want to know about me: _____

I have read and understand my responsibility in Geometry:

_____ *Student Signature*

PARENT/GUARDIAN Information

Contact #1

Name: _____

Relationship: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Email: _____

Contact #2

Name: _____

Relationship: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Email: _____

Please feel free to use the space below to share any information that would be helpful for me to know when assisting your child this year.

I have read and understand my child's responsibility in Geometry:

_____ *Parent/Guardian Signature*