

## ELA/ALA 7 Contact Information

Student Name \_\_\_\_\_

Preferred name to be addressed in class \_\_\_\_\_

Address

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### Parent Contact Info

Name(s) \_\_\_\_\_

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Best phone number (s) to reach you \_\_\_\_\_

Email Address \_\_\_\_\_

Please provide any information that can help me meet the needs of your child

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I acknowledge that I have read and understand the syllabus and expectations of this course. **By signing, I also agree with the class policy that book selections for independent reading must be reviewed and approved by the parent.**

Student signature: \_\_\_\_\_

Parent signature: \_\_\_\_\_

