## \_\_\_\_\_ Date: \_\_\_\_\_ Date: \_\_\_\_\_\_ Period \_\_\_\_\_\_

## THIS IS DUE ON MONDAY 8.19.24 C DAY (THE LATEST), AT THE BEGINNING OF THE PERIOD.

Please return this page ONLY. The entire syllabus should be reviewed and discussed by both parents/legal guardians and the student. If there are any questions, please contact me via email: icastro@houstonisd.org

Both student and parent/guardian should initial each statement to indicate their understanding and agreement:

- Student / Parent•Guardian •
- \_\_\_\_\_ / \_\_\_\_ I have read and understood the attendance/tardy policy. •
- \_\_\_\_\_ / \_\_\_\_ I have read and understood the grading, make-up, and re-take policy. •
- \_\_\_\_\_ / \_\_\_\_\_ I have read and understood the electronics policy. •
- \_\_\_\_\_ / \_\_\_\_ I have read and understood the make-up and late work policy. •
- \_\_\_\_\_ / \_\_\_\_ I have read and understood the classroom policies and expectations. •
- \_\_\_\_\_ / \_\_\_\_\_ I have read and understood the grading system for the class. •
- \_\_\_\_\_/ I have read and understood the academic dishonesty policy and corresponding consequences for such academic dishonesty. • \_\_\_\_\_ / \_\_\_\_ I have read and understood that tutoring and extra help are offered and may be necessary to the student's success in class.

## Please, be understood that by not returning this to Mrs. Castro, parents and students are letting her know that they did not read this syllabus.

Student Signature	Date
Student Name (print)	-
Parent/Guardian Signature   Firma del padre/tutor	Date   Fecha
Parent/Guardian Name (print)   Nombre del padre/tutor	_
Parents/Guardians • Please, indicate your co	ntact information via email and p
Email: Pho	one:

¡Mil Gracias!