STUDENT-PARENT DATA SHEET

Please sign below that you have read and agree to the above classroom contract. Also, please complete the information below and have your child return it to Ms. Frange and Mrs. Guiga as soon as possible.

Student's Name (Please Print)	Class	
Preferred Language		
Parent's Name (Please Print)	Home Telephone Number	
Work Telephone Number	Cell Number	
Parent's Email Address (Please Print)		
Parent's Signature	Date	-
Student's Signature	Date	_
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Date

Student's Signature