**Civics 2015-2016 School Year**

**Please initial each blank below, sign & date this form at the bottom and return to Ms. Shelton no later than Friday August 2, 2015**

\_\_\_\_\_ I have received, read, and understand the Grading Policy and Syllabus

\_\_\_\_\_ I am aware that, as per State of Florida legislation, an End of Course Exam (worth 30% of the overall grade) will be required Civics class. This exam will be administered in late spring.

\_\_\_\_\_I give permission for my child to participate in the supervised using of the internet for educational purposes in this class since Internet presentations, on-line assessments and Web-based assignments are an integral part of this course.

\_\_\_\_\_I give permission for classroom photos, assignments or the first name (only) of my child to appear on my child’s teacher’s site.

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

Parent Name(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Phone Number(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact E-mail(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

By signing below, you are stating that you have read and understand the Civics Syllabus and Course Description and will feel free to discuss any problems or questions directly with Ms. Shelton

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(Student Signature) (Parent Signature) (Date)**