# Syllabus Acknowledgement Form

#### I have read and fully understand the policies and procedures of the Class Syllabus. I am aware that the students and/or parents will be held accountable for his/her actions as described in this document.

**Print Student Name:**

#### Print Parent(s)/Guardian(s) Name(s):

**Best Contact Number:**

**X DATE Pd:**

**Student Signature**

## X DATE

**Parent Signature**

## X DATE

**Parent Signature**

Please Return to Mr. Sommer by **Monday, August 16, 2021** for your first grade.