

Parent Contact Information

Student Name _____ Class Period _____

Mother/Parent/Guardian Name: _____

Father/Parent/Guardian Name: _____

Home Phone Number: _____

Mom Cell Number: _____

Dad Cell Number: _____

Work Number: _____

Other: _____

Email (used for weekly communication): **PLEASE WRITE CLEARLY**

Which is the best way to contact you concerning your child's progress? _____

Do you wish to be contacted during the day at work? YES _____ NO _____

Photo Consent Form

I, _____, give consent for the student
_____ to have their photograph taken and used on
the DSPMS Science website for 6th, 7th, and 8th Grade Science.
Photographs will only be used to provide examples of student
work and show your child in action! 😊

Check it out: <http://dspmsscience.weebly.com>

Signature of student _____

Signature of parent/guardian _____

Date: _____