Classroom Rules & Policies Acknowledgement

Parent Signature:	Date:
Name:	Relationship:
copies of Mr. Buchanan's Classroom Ruby them. I have specifically read Mr. B	d student, I have confirmed that the student has received ules and Policies (as listed above) and that they will abide uchanan's Audio/Video Policy and I consent to allow the ities that use audio and video recordings in accordance
Parent or Guardian Section	
Student Signature:	Date:
 Hall Pass Policy Calculator and Notebook Policy Binder Organization Policy Audio/Video Policy Grading System I understand and agree to abide by these	
Classroom RulesAttendance PolicyPlagiarism Policy	
my course binder for the duration of the	course. Additionally I know how to access them through http://sites.google.com/a/dasd.org/buchanan/ .
	(please print name clearly) have received copies of colicies (as listed below) and I agree to maintain copies in
Student Section	