**Honors Math 2 AGREEMENT DOCUMENT**

TO THE PARENTS

Thank you for giving me the privilege of teaching your child this semester.

I look forward to working with both you and your child this upcoming semester. If you have anything you wish for me to know about your child feel free to let me know below. Thank you!!

**Parents:** By signing, I agree that I have read and discussed with my child the Classroom Requirements and Expectations for Mr. Bryant’s Math 2 class. If I have objections or concerns I will discuss them with Mr. Bryant as soon as possible.

Parent/Guardian’s Name: (Print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Students**: By signing, I agree that I have read and shown the Classroom Requirements and Expectations for Mr. Bryant’s Math 2 class to my parent/guardian. **I understand and agree to follow these requirements.** If I have objections or concerns I will discuss them with Mr. Bryant as soon as possible.

Student’s Name: (Print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**BYOD AGREEMENT**

By signing, I agree that I have read and understand the BYOD policies and procedures as implemented at Heritage High School. I am also aware of the consequences for not adhering to these guidelines. If I have questions or concerns I will address them with the appropriate people at the school (Administration and/or Mr. Bryant).

**Parent:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Student:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*\*Please note that you will also be asked to sign a school-wide agreement document pertaining to BYOD through your advisory classes.*