

Student Expectations

Print name: _____ Phone: _____

Address: _____ City: _____ Zip: _____

Student Email: _____

Parent or Guardian name: _____

Parent or Guardian phone: (Home) _____ (Work) _____

Parent Email: _____

I realize the following expectations are required of me in order to grow, become prepared for tougher classes, and build toward the college level. I realize if I choose not to carry out these expectations, I could possibly fail or be removed from this class.

1. **This classroom is for learning.** As I enter the classroom, I will sit down and begin to review material that will help me understand the next lecture and perform better on the next quiz or exam. I will not use a phone during class for any reason unless permitted by the instructor.
2. **Materials.** I will bring paper, pen, and pencil every day.
3. **Respect.** I will show respect to the instructor, the other students, and everyone else on this campus at all times.
4. **Protect the classroom.** I will take care of equipment that belongs to this school. I realize this classroom is open for me to study and learn. It is my responsibility to see that it stays open. I will not use the computer except for class assignments. I will not eat food in the classroom.
5. **Open mind.** I will not let fear of a new way to do something or new information keep me from trying.
6. **No bell.** My instructor will dismiss the class, not the bell.

I have read and understand what is expected of me.

Student sign name: _____

Parent or guardian sign name: _____