

Mrs. Shelley Job's Classroom Expectations

2016/2017

1. Students are expected to be courteous and cooperative to all, allowing the right to learn.
2. Students are expected to respect others and their property.
3. Students are expected to be prepared, self-motivated, and willing to work and study to their ability.
4. Students are expected to obey the adults in charge.
5. Students are expected to be familiar with and follow school policies and responsible for their own behavior.

Misc. Rules:

1. **Raise your hand and wait for permission to speak.**
2. **Stay in your seat unless you have permission to do otherwise.**
3. **No cursing or teasing.**
4. **Bring all books and materials to class.**
5. **NO FOOD OR DRINKS are allowed in the classroom. (*clear water only)**
6. **Be in class on time before the bell rings.**
7. **No electronic devices may be used in class, i.e. headphones, I-pods, cell phones, laptops computers, or any other musical listening and recording devices. (ON or OFF). **NO CELL PHONES ON OR OFF** - (there may be a time when devices will be used- I will tell students if and when they can be used ahead of time).**
8. **"Required attendance ad per the policy in the student handbook."**
9. **No backpacks.**

Guidelines:

1. Help each other out.
2. Do your best work.
3. Don't interrupt others.
4. ENJOY THE CLASS.
5. It's OK to make mistakes, learn from them.
6. Contribute your ideas and opinions.
7. Follow the directions the first time they are given.

Consequences:

1. Behavior- I will talk with you first.
Class work- Zero on work lowers your grade. **NO LATE WORK!**
2. Phone call, note or email home.
3. Detention or Referral.

I have read the class rules and expectations given to me on _____.
I agree to the rules and guidelines in Mrs. Job's class and will follow them

Your signature _____

Your Parent's signature _____

Student Information

Name _____ Grade _____

Address _____

(City) _____ Zip _____

Birth day _____

Home Phone # _____

Parent's Cell

Phone# _____

Live with (Parents or guardian names) _____

Work Phone# _____

Parent's email address _____

Any allergies or unusual health problems I need to be aware of:

Athlete (what sport) _____

Any siblings at HHHS or HHMS (if so name and grade) _____

Any additional information that I need to know:

Absolutely no cell phones, I-Pods, Mp3 players or any recording device should be brought into my classroom, ON or OFF. If I see them, they will be taken away and you will need to pick it up in Mr. Cottrell's office after school. This is your only warning.

Student Initial _____

Parent Initial _____