

**Please PRINT THIS PAGE ONLY and bring it to me by 9-07-11**

**Students:** By signing below you confirm that you have read the Course Expectations for Mr. Lenze's Biology class. You understand and will honor the expectations while in class.

Name (print): \_\_\_\_\_ Grade: \_\_\_\_\_

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

**Parents/Guardians:** By signing below you confirm that you have read and understand the Course Expectations for Mr. Lenze's Biology class. Please fill out all information below. *Feel free to put more than one parent/guardian name and information.*

Name (print): \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Home Phone: \_\_\_\_\_

**Optional Information:**

-Cell Phone \_\_\_\_\_

-Work phone: \_\_\_\_\_

-E-mail: \_\_\_\_\_

-Which is the best way to contact you? \_\_\_\_\_

-Any other information? \_\_\_\_\_