

BACK TO SCHOOL FORMS & MORE

Megan Mitchell First Grade Roars



2.25 pt

**BROCHURE • CONFERENCES • OPEN HOUSE
FLIP BOOK • CERTIFICATES • PHOTO BOOTH**

NOTE TO PARENTS:

Name: _____

Class: _____

Please fill me in your wanted information

Contact Number: _____

Thank You!



CHANGE IN DISMISSAL

Name: _____



Class: _____

If you have a change in your dismissal time, please call the school office at _____ or email _____



HOW IS YOUR CHILD GETTING HOME?

Let me know...



HOW IS YOUR CHILD GETTING HOME?

Please sign & fill out below

Name	Date	Signature



Dear Parent(s)

One of my supplies is lost or needs replaced

Can you please help me by replacing my _____

as soon as possible?

Thank you



STUDENT INFORMATION

Asu Mitchell
2019-2020



STUDENT INFORMATION SHEET

Student's Name: _____

Home Phone Number: _____

Home Address: _____

City: _____

State: _____

Zip Code: _____

Emergency Contact Name: _____

Emergency Contact Phone: _____

Emergency Email: _____

Transportation: _____

EMERGENCY CARD

IF YOUR NAME IS IN THIS CARD YOU WILL GET SOME PARTS!



CHANGE IN DISMISSAL

Name: _____

Class: _____

If you have a change in your dismissal time, please call the school office at _____ or email _____



Parent/Teacher Conference

Name: _____

Reading DSA Score _____

A12345678901234567890

Clear September Goals

All Area	in Word	fluency	larger vocabulary

Writing:

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Math

Clear Math September Goals

Behaviors	Goals
<ul style="list-style-type: none">1. Follow directions2. Stay on task3. Use appropriate materials4. Listen to the teacher5. Raise hand when speaking6. Stay in seat7. Stay on task8. Use appropriate materials9. Listen to the teacher10. Stay in seat	<ul style="list-style-type: none">1. Understand the basic facts of addition and subtraction2. Use basic facts to solve problems3. Understand the meaning of addition and subtraction4. Use addition and subtraction to solve problems5. Understand the relationship between addition and subtraction6. Use addition and subtraction to solve word problems



Student Information Sheet

Please complete and return

Name: _____

Class: _____

How does your child feel about school?

What does your child enjoy the most?

What does your child enjoy the least?

How do you feel about homework?

How often do you have concerns about anything?

Do you have any questions you would like addressed at the conference?

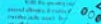
Thank you for taking the time to complete this.

HURRY UP!

IF YOU'RE NOT HERE BY 1:00 PM, YOU CAN'T GO!

SURPRISE YOUR CHILD!

Please fill me out!





IN YOUR LOCKER ON THE TOP SHELF

- ✓Smock
- ✓Headphones
- ✓Hand Sanitizer
- ✓Extra Clothes/Shoes/Socks



- ✓Crayons
- ✓Markers
- ✓Pencils
- ✓Watercolors
- ✓Erasers
- ✓Baggies
- ✓Dry Erase
- ✓Highlighter
- ✓Glue stick
- ✓Elmer's
- ✓Tissues
- ✓Wipes

- ✓Scissors
- ✓Folders
- ✓Marble Book