

# CMMS THEATRE

2023-2024

Student Name: \_\_\_\_\_ Period: \_\_\_\_\_

Parent/Guardian Names: \_\_\_\_\_

Phone Numbers: home: \_\_\_\_\_ cell: \_\_\_\_\_

Parent email: \_\_\_\_\_ Best contact method: \_\_\_\_\_

We have read the Theatre Disclosure Addendum and understand what is expected in this class. We understand that Theatre is a class that **REQUIRES PARTICIPATION** and are willing to **TRY**. We understand that there are **MID-TERM & END OF TERM DUE DATES**. We also realize that any work turned in late will be processed as soon as possible but may not be entered into Skyward until the end of the term. We agree to contact Ms Swallow directly with any questions or concerns. We have also signed & tuned in our CMMS school-wide disclosures.

Parent Signature

Student Signature

Ami Swallow