

Student's Name: \_\_\_\_\_

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

Verification Form
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**PLEASE INITIAL BESIDE EACH STATEMENT TO  
VERIFY THAT YOU HAVE READ THIS INFORMATION  
PACKAGE**

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

\_\_\_\_\_ I understand that my child will bring home/or will receive digitally or paper marked tests, quizzes and assignments throughout the week. I understand that it is my child's responsibility to show me any graded work. **All tests and assignments must be signed and returned to school the following day.**

\_\_\_\_\_ I understand that perfumes, colognes, or body sprays are not allowed, and that non-scented deodorant is preferred.

\_\_\_\_\_ I will periodically check with my child to ensure he/she has all required school supplies.