**Please sign and return only this page to Mrs. Trolinger. You may keep the syllabus for your reference.**

I have read and shared Mrs. Trolinger’s course syllabus with my parent/guardian. I will receive 10 bonus points if I return this slip by **Mon, 8/21**.

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Student Signature Date

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Student Name (Please print first and last name) Class/Hour

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Parent/Legal Guardian Signature Date

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Student Signature Date

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Student Name (Please print first and last name) Class/Hour

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Student Signature Date

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Student Name (Please print first and last name) Class/Hour

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Parent/Legal Guardian Signature Date