To: Parents/Guardians and Students of Graphics Engineering

From: Mr. Samuel Adams

Date: October, 2014

Regarding: Classroom Field Trips and Videos

As the year progresses, students may be taken outside. Sometimes we may leave the campus on walking field trips to surrounding areas of the school. Any field trips requiring a bus will fall under normal field trip protocols.

Although I show minimal amount of videos in class, please be aware that I do show some movies with a G, PG, PG-13 or R rating. The movies that I show in class are tasteful and relevant because they help reinforce certain topics with an everyday approach.

*IF YOU HAVE ANY PROBLEMS WITH YOUR STUDENT LEAVING CAMPUS ON A WALKING FIELD TRIP (NOT BUS FIELD TRIPS), OR WATCHING MOVIES WITH A PG-13 OR R RATING, PLEASE INFORM ME ON THE INCLUDED ACCEPTANCE SHEET SO PROPER ARRANGEMENTS AND ASSIGNMENTS MAY BE MADE FOR YOUR STUDENT. IF NO COMMENTS ARE MADE, I WILL ASSUME YOU ARE ALLOWING ME TO TAKE YOUR STUDENT ON WALKING FIELD TRIPS AND/OR SHOW MOVIES TO YOUR STUDENT WITHOUT FUTURE NOTIFICATION AND/OR CONSENT.*

I look forward to having the opportunity to have you as a student in my class and having a comfortable working relationship with interested and involved parents. As a Parent/Guardian and Student partnership, please take the time to read and understand the protocols and expectations of this classroom on my website. If you need to phone or meet with me for any reason, please feel free to call me at 508-324-3115 ext. 1060, email me at [adamss@sbregional.org](mailto:adamss@sbregional.org) , visit my website at <http://mradamsgraphics.weebly.com> or send a note with your student.

Sincerely,

Samuel Adams

Mr. Samuel Adams

Content Coordinator

Technology Engineering & Business

SBRHS

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Once Parent/Guardians and Students have both read and discussed the classroom guidelines, please sign and return it to me as your way of accepting them. Please bring it to our next class meeting.

Thank you,

Samuel Adams

Student’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student’s signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent’s/Guardian’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent’s/ Guardian’s signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please check one box:

* I agree to the classroom rules and regulations including the video protocols.
* I do not agree to the classroom rules and regulations and I am specifying why below.

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Comments / Concerns/ Suggestions: