

(PLEASE PRINT NEATLY!!!)

STUDENT LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_

PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

Who do you **LIVE** with? Please put first and last names.

NAME \_\_\_\_\_ WK. PH. \_\_\_\_\_

NAME \_\_\_\_\_ WK. PH. \_\_\_\_\_

EMAIL: Regular updates about the 7<sup>th</sup> Grade Science classes are sent at least once a month throughout the school year. **Please register for a subscription via email by following these simple instructions: Thanks so much.**

1. Goto to [mrbrewer.org/Pages/science7.php](http://mrbrewer.org/Pages/science7.php) or [mabrewer.wordpress.com](http://mabrewer.wordpress.com)
2. Enter your email on the **SIDE BAR** and click "**Subscribe**" to receive 7th Grade Science Email Updates by Email.
3. Follow the onscreen instructions to receive the updates. **Please complete this as soon as possible.**

I do **NOT** have an email address OR access to a computer. An alternative form of communication will be provided to me.

All the above information is true and current.

I have gone over the classroom expectations, procedures, and the syllabus with my child. This is to be returned for credit with signatures. This data sheet will be retained in the "Safety Contract Folder" throughout the year.

\_\_\_\_\_  
parent's signature

\_\_\_\_\_  
student's signature

\_\_\_\_\_  
date

**The Science Department is collecting a per student "Lab Fee" to purchase materials. . Suggested donation is \$5-\$10. Please make checks payable to "Eckstein Middle School."**

While answering the following questions, if you need additional space, email me at any time or attach additional sheets. We have the following questions about this plan:

Special note from parents (What should I know about your child to best meet his/her needs?):

### PHOTOGRAPH/VIDEO AUTHORIZATION:

I am a participant this school year in an assessment to certify experienced teachers as outstanding practitioners in teaching. My participation in this assessment, which is being conducted by the National Board for Professional Teaching Standards®, is voluntary.



The primary purposes of this assessment are to enhance student learning and encourage excellence in teaching. This project requires that photograph/video recordings of lessons taught in your child's class be submitted. Although the photograph/video recordings involve both the teacher and various students, the primary focus is on the teacher's instruction, not on the students in the class. In the course of recording, your child may appear on the photograph/video. Also, at times during the year, I may be asked to submit samples of student work as evidence of teaching practice, and that work may include some of your child's work. No student's last name will appear on any materials that are submitted. NBPTS, at its sole discretion, may use and distribute my photograph/video recording(s), my comments, and my classroom materials for assessment, professional development and research purposes, and any other purpose NBPTS deems appropriate to further the mission of the organization.

This form will be used to document your permission for these activities.

Sincerely, \_\_\_\_\_ Matthew John Brewer

**I am the parent/legal guardian of the child named above. I have received and read your letter regarding a teacher assessment being conducted by the National Board for Professional Teaching Standards (NBPTS) and agree to the following (please mark below in the box that corresponds):**

**I DO give permission** to you to include my child's image on photograph/video as he or she participates in a class conducted at Eckstein Middle School by Matthew John Brewer and/or to reproduce materials that my child may produce as part of classroom activities. No last names will appear on any materials submitted by the teacher.

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**I DO NOT give permission** to photograph/video -record my child or to reproduce materials that my child may produce as part of classroom activities.

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**Please sign and return this entire contract by Sept. 13, 2010. Please be sure to complete the other side too.**

Mr. Brewer Contacts: [www.mrbrewer.org/](http://www.mrbrewer.org/) [mabrewer@seattleschools.org](mailto:mabrewer@seattleschools.org) (best way) (206) 252-5010