

Contract

I/We have read the St. Helen Catholic School Remote Synchronous Instruction Information and agree to follow the policies and procedures stated. I/We understand that at any time our student(s) are ready to return to in-person instruction an appointment can be made to discuss the transition with Mrs. Sims.

Printed Parent Name: _____

Parent Signature: _____

Date: _____

Printed Parent Name: _____

Parent Signature: _____

Date: _____

Printed Student Name: _____ Grade _____

Student Signature: _____

Date: _____