Dear Parent:

I am pleased to have your son/daughter in my Mathematics 6 class. I would like to do everything possible to ensure a successful school experience for him/her. The following information is provided so that you may assist in this endeavor.

COURSE DESCRIPTION

The purpose of this course is to provide an opportunity for continued development of mathematical concepts appropriate to the developmental level of the student. Throughout the course students are provided opportunities to use problem solving and critical thinking skills. The emphasis is on developing mathematical concepts in preparation for pre-algebra or algebra.

CLASS RULES

Following are the class rules and grading system I use. Please review them with your child. Please sign the tear-off and return it tomorrow as part of your child's homework assignment. Thank you for your cooperation.

1. Have your own pencil(s) and eraser. Work is done in pencil only. Work done in ink will not be accepted.
2. Be in your seat when the tardy bell rings with homework ready to be corrected.
3. There will be no gum, candy, or food, in class. A notebook with proper supplies and your book are all that is needed.
4. You must raise your hand if you have a question or comment.
5. Have your book properly covered at all times. Do not use newspaper which causes damage to the cover.
6. Each student should have the phone number and/or email of two other students in case they are absent or forget the homework assignment.

HOMEWORK POLICY

Homework is to be expected Monday-Thursday. All homework unless otherwise stated, is to be turned in the next day to receive full credit. Half credit can still be given if homework is handed in one day late. Any late work after the one day period will not be accepted, unless there is an absence note or note from a parent.

GRADING POLICY

Test, Quiz, and Projects: 50%
Homework + Class work: 40%
Class Participation: 10%

MARKING POLICY

A = 90% - 100%
B = 80% - 89%
C = 70% - 79%
D = 60% - 69%
F = 59% and below

Sincerely,

Mr. Chetan Singh

Please sign this tear-off and have your child return it to the classroom teacher the next school day.

I have reviewed the above information with my child.

___________________________________________                    _____________________________
Student's Name (please print)            Parent's/Guardian's Signature

___________________________________________
Teacher's Name