

PARENTS OR GUARDIANS: FILL OUT THE FOLLOWING INFORMATION AND RETURN TO ME BY YOUR SON/DAUGHTER. THANK YOU!

STUDENT NAME: _____

Student E-mail Address: _____

Father or Guardian's Name: _____

Work Phone: _____

Cell Phone: _____

E-mail Address: _____

Mother or Guardian's Name: _____

Work Phone: _____

Cell Phone: _____

E-mail Address: _____

Home Address: _____

Home Phone Number: _____

I have read my student's course syllabus for ninth grade language arts.

Parent or Guardian's Signature

Date

I understand that I will be assessed for learning of the AKS by the High School Gateway Test in the spring of my 10th grade year. I must earn a passing score for all parts of the test in order to earn a regular Gwinnett County diploma. Should I not pass the Gateway, I will have the opportunity for academic interventions and to retake the failed portion(s) of the Gateway. In additions to the High School Gateway Test, graduation requirements include passing scores on the Georgia High School Graduation Tests and earning adequate Carnegie Units.

Student Signature

Date