Dear Student,

For the next three weeks, I will be taking over Mrs. Dargavel’s Language Arts class. I am committed to supporting your learning during this unit about *The Lord of the Flies*. Therefore, I have made classroom procedures to help ensure an environment where everyone is respected and everyone has the opportunity to learn.

The rules are as follows:

1. **Respect ALL people**
2. **Follow directions**
3. **Come to class on time and be in your seat when the bell rings**
4. **Be prepared to work and stay on task**

If the rules are broken by an individual, these consequences will occur in this order:

1. **A verbal warning**
2. **Participation points taken away and stay after class to talk with the teacher**
3. **Contact parent**
4. **Receive a detention**

To get the attention of the entire class, I will be using the signal of raising my hand. Each student in the classroom is to stop talking and raise their hand. If students refuse to follow this direction, one of these consequences will occur:

1. **Time taken away from students after the bell rings**
2. **Receive an additional assignment having to do with the lesson that was interrupted.**

I would greatly appreciate your help in making the next three weeks a great experience. I look forward to teaching, learning with, and getting to know you!

Mr. Secor

If you have questions or need help please contact me at: [TylerEvan.Secor@calbaptist.edu](mailto:TylerEvan.Secor@calbaptist.edu)

I check my e-mail daily, but it must be sent by ten p.m. to receive a reply on the same day.

**I understand that my son/daughter and I are responsible for the information contained in this addition to Mrs. Dargavel’s syllabus.**

Parent/Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_

E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_