**Electronics and Syllabus Agreement**

***You may print this out and sign, or send me an email at*** [***ahoffman@nkschools.org***](mailto:ahoffman@nkschools.org) ***with “syllabus, your name, period” in the subject line.***

*In the email, please write your name and your parent/guardian’s name and state that you read the syllabus and agree with the guidelines and the electronics agreement.*

This agreement is between Ms. Hoffman and \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, period\_\_\_\_\_\_.

This agreement seeks to ensure a clear understanding as to the role, importance and use of electronics during the class period. I understand multiple studies show that non-educational electronics use decreases my ability to concentrate and learn.

**Student Belief:**

* My education is the primary goal of this class.
* Electronics can be a powerful learning tool, when utilized for educational purposes.
* The safest place for my electronic devices is under my control, silent and put away.
* *Please sign to show your agreement:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

**Electronics Agreement:**

* My electronics should be away during the class period, ***unless given permission by Ms. Hoffman***, and then may only be used for an educational purpose.
* Should I use my electronics in an unauthorized manner, I know they will be made unavailable to me.

*Please sign to show your agreement: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

Parent or Guardian Name (printed)

Contact Information: Please describe the best way to reach you *if different than listed in Skyward.*

**I have read the syllabus for Ms. Hoffman’s class and discussed it with my student.**

Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Electronics Agreement:**

* I agree that my student is at school to learn and that their devices should not be used during the period, unless it is for an agreed-upon, educational purpose.
* If I send a message to my student during class, I know it will not be seen until passing period. In case of an emergency, I will reach my student through the KHS office.

Please sign to show your agreement (parent/guardian)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I have read the syllabus for Ms. Hoffman’s class and discussed it with my parent or guardian.**

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