

Financial Services

Student Contract

I, _____, have read and understand the classroom rules
Student Name
for the 2011/12 Financial Services program. I agree to follow the classroom rules and understand the consequences for choosing not to abide by these rules.

Student Signature

Date

Parent/Guardian Signature

Date

Maintaining open lines of communication between the school and home is essential. Parents can count on hearing from me throughout the school year to let them know how their children are doing in the program. Please let me know how you would prefer to be contacted.

Preferred method of parent contact:
(please provide at least one)

Email: _____

Phone: _____

Attention Parents:

The course fee of \$20 for this class must be paid within the first two weeks of school. Cash or checks are accepted; please make your check out to BUTLER TECH – not Northwest). A receipt will be provided.

My child is on free or reduced lunch. Please contact me about the possibility of waiving the course fee of \$20.

Please sign and return this agreement to me no later than Friday, September 9, 2011.

Mr. Peter Clark
Business Instructor
Northwest High School – Room 317
10761 Pippin Road, Cincinnati, OH 45231

(513) 742-6362 office (513) 410-2080 cell
clarkpv@butlertech.org



**BUTLER TECHNOLOGY AND CAREER DEVELOPMENT SCHOOLS
PERMISSION TO PHOTOGRAPH/VIDEOTAPE
RELEASE TO UTILIZE**

DRL ___ SAT _____ **NORTHWEST LSD (Northwest High School)**
Assoc. School District Building

We recognize the value of audio-visual and other types of electronic communication in providing our child with an effective education and hereby grant permission for our child and/or his/her schoolwork products to be photographed or videotaped as part of an educational program produced by Butler Tech or coalition of districts.

We further grant permission for the photographs or videotapes of our child to be used in media presentations/press releases made available through a cable television station or network, newspaper or the internet. We understand that our child's image, name, work product, school, and grade may be revealed in the presentation(s) but that no other information about our child or his/her schoolwork will be revealed without our prior consent.

Student name(s) (Please print)

Signature of Parent(s)/Guardian(s)

_____ Date _____
_____ Date _____

Address _____

City _____ Zip _____

Telephone (Home) _____ Telephone (Work) _____

It is the policy of Butler Tech that no student shall be discriminated against on the basis of race, color, religion, national origin or citizenship status, creed or ancestry, age, gender, disability, height, weight, or other protected characterize.