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

Below are the assignments that need to be completed today. Once your child is finished, please sign at the end of the document confirming that each subject is complete.

|  |  |  |
| --- | --- | --- |
| **Subject** | **Assignment** | **Completed** **C:\Users\Javon Miller\AppData\Local\Microsoft\Windows\INetCache\IE\2B7KG717\Checkmark.svg[1].png** |
| Math |  |  |
| Spelling |  |  |
| Hist./Sci. |  |  |
| Language |  |  |
|  |  |  |

 Please fill in information for any tests, quizzes, or self-tests that your child takes. These need to be taken in a quiet place clear of other books and study material and without any breaks for the duration of the test or quiz.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [\_\_\_\_:\_\_\_\_\_] [\_\_\_\_:\_\_\_\_\_] \_\_\_\_\_\_\_\_\_\_\_

 Name of subject Start Time End Time Initial

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [\_\_\_\_:\_\_\_\_\_] [\_\_\_\_:\_\_\_\_\_] \_\_\_\_\_\_\_\_\_\_\_

 Name of subject Start Time End Time Initial

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [\_\_\_\_:\_\_\_\_\_] [\_\_\_\_:\_\_\_\_\_] \_\_\_\_\_\_\_\_\_\_\_

 Name of subject Start Time End Time Initial

My child has successfully completed today’s assignments. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Parent Signature)