

JEFFERSON COUNTY HIGH SCHOOL

Parent Contact Form

TEACHERS: Please use this form to list parent contacts for students in each of your classes at the beginning of each new semester. These contacts can be brief, introducing yourself, outlining class procedures, etc. Please make a minimum of twenty contacts with parents within the first 2 weeks of each semester.

TEACHER NAME: _____

SUBJECT: _____

SEMESTER AND YEAR: _____

STUDENT NAME

1. _____

11. _____

2. _____

12. _____

3. _____

13. _____

4. _____

14. _____

5. _____

15. _____

6. _____

16. _____

7. _____

17. _____

8. _____

18. _____

9. _____

19. _____

10. _____

20. _____