

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. _____ |

**Turn in to Mrs. Kidwell within two weeks from the start of each semester.**