

APUSH
Kailua High School
Social Studies Requirement
2017-2018
Mr. Wilson
Room A-24 266-7900 X 2257
leonard_wilson@mac.com
<http://weisun.org>

Parent and Guardian Acknowledgement

I, _____, am the
(please print your name)

parent or guardian of _____
(please print your son's or daughter's name)

and I have read the syllabus and classroom rules. I also understand that my son or daughter is expected to attend Saturday review sessions during Spring semester.

Parent or Guardian Signature _____

Telephone numbers:

Home/Mobile: _____

Work: _____

Email address: _____

