

Digital & Alternative Photography

Mrs. Campbell | Studio 102

campbell_k@ohlsd.org

513.549.0383

STUDENT NAME: _____ BELL: _____

By signing below, you and your parent(s)/guardian(s) attest to understanding the information contained in the following forms within this packet.

- course syllabus
- class expectations and consequences
- supply list
- studio safety and hazard

Please keep the above listed documents for your records.

Return only this form to class by _____.

Student

Sign & Date _____ / _____ / _____

Student email: (will only be used for reminders of assignments and general class information)

Parent/Guardian

Print Name _____

Sign & Date _____ / _____ / _____

Parent(s) / Guardian(s)***

Please fill in the information below in order to help us communicate successfully.

Email Addresses:

Phone Numbers:

(_____) _____ - _____ Circle one: Home Cell Work

(_____) _____ - _____ Circle one: Home Cell Work