

Name \_\_\_\_\_

Qtr \_\_\_\_\_

# \_\_\_\_\_



# Incomplete Homework Notice

Your child is receiving his/her 1<sup>st</sup> notice this grading period for failing to complete the following:

- |  |   |
|--|---|
| <input type="checkbox"/> Spelling _____    | <input type="checkbox"/> Vocabulary _____     |
| <input type="checkbox"/> Grammar _____     | <input type="checkbox"/> Math _____           |
| <input type="checkbox"/> Writing _____     | <input type="checkbox"/> Science _____        |
| <input type="checkbox"/> Reading _____     | <input type="checkbox"/> Social Studies _____ |
| <input type="checkbox"/> Reading Log _____ | <input type="checkbox"/> Other _____          |

Please discuss with your child the importance of coming to class prepared.

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Your child is receiving his/her 2<sup>nd</sup> notice this grading period for failing to complete the following:

- |  |   |
|--|---|
| <input type="checkbox"/> Spelling _____    | <input type="checkbox"/> Vocabulary _____     |
| <input type="checkbox"/> Grammar _____     | <input type="checkbox"/> Math _____           |
| <input type="checkbox"/> Writing _____     | <input type="checkbox"/> Science _____        |
| <input type="checkbox"/> Reading _____     | <input type="checkbox"/> Social Studies _____ |
| <input type="checkbox"/> Reading Log _____ | <input type="checkbox"/> Other _____          |

Please discuss with your child the importance of completing ALL assignments.

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Your child is receiving his/her 3<sup>rd</sup> notice this grading period for failing to complete the following:

- |  |   |
|--|---|
| <input type="checkbox"/> Spelling _____    | <input type="checkbox"/> Vocabulary _____     |
| <input type="checkbox"/> Grammar _____     | <input type="checkbox"/> Math _____           |
| <input type="checkbox"/> Writing _____     | <input type="checkbox"/> Science _____        |
| <input type="checkbox"/> Reading _____     | <input type="checkbox"/> Social Studies _____ |
| <input type="checkbox"/> Reading Log _____ | <input type="checkbox"/> Other _____          |

Please discuss with your child the importance of responsibility.

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Name \_\_\_\_\_

Qtr \_\_\_\_\_

# \_\_\_\_\_



# Incomplete Homework Notice

Your child is receiving his/her **4<sup>th</sup>** notice this grading period for failing to complete the following:

- |  |   |
|--|---|
| <input type="checkbox"/> Spelling _____    | <input type="checkbox"/> Vocabulary _____     |
| <input type="checkbox"/> Grammar _____     | <input type="checkbox"/> Math _____           |
| <input type="checkbox"/> Writing _____     | <input type="checkbox"/> Science _____        |
| <input type="checkbox"/> Reading _____     | <input type="checkbox"/> Social Studies _____ |
| <input type="checkbox"/> Reading Log _____ | <input type="checkbox"/> Other _____          |

Please discuss with your child the importance of coming to class prepared.

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Your child is receiving his/her **5<sup>th</sup>** notice this grading period for failing to complete the following:

- |  |   |
|--|---|
| <input type="checkbox"/> Spelling _____    | <input type="checkbox"/> Vocabulary _____     |
| <input type="checkbox"/> Grammar _____     | <input type="checkbox"/> Math _____           |
| <input type="checkbox"/> Writing _____     | <input type="checkbox"/> Science _____        |
| <input type="checkbox"/> Reading _____     | <input type="checkbox"/> Social Studies _____ |
| <input type="checkbox"/> Reading Log _____ | <input type="checkbox"/> Other _____          |

Please discuss with your child the importance of completing ALL assignments.

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Your child is receiving his/her **6<sup>th</sup>** notice this grading period for failing to complete the following:

- |  |   |
|--|---|
| <input type="checkbox"/> Spelling _____    | <input type="checkbox"/> Vocabulary _____     |
| <input type="checkbox"/> Grammar _____     | <input type="checkbox"/> Math _____           |
| <input type="checkbox"/> Writing _____     | <input type="checkbox"/> Science _____        |
| <input type="checkbox"/> Reading _____     | <input type="checkbox"/> Social Studies _____ |
| <input type="checkbox"/> Reading Log _____ | <input type="checkbox"/> Other _____          |

Please discuss with your child the importance of responsibility.

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_