

**Terry Sanford High School**  
**Beginning, Intermediate, Proficient, Advanced**  
**& AP Studio Proficiency Level Visual Art**  
**Student & Parent Contract, Website, and Syllabus Review**



*Instructor:* Mrs. Kellie Perkins, MA Art Education & Painting, NBCT, BFA Sculpture, Kenan Fellow  
*Office Hours:* by appointment only Tuesday & Thursday, 1:30pm – 1:54pm  
*Tutoring:* by appointment only on Tuesdays and Thursdays, 3:35pm to 4:15pm  
*Room:* 61, West Wing, Phone: 484.1151, extension 061  
*Email:* [Kellieperkins@ccs.k12.nc.us](mailto:Kellieperkins@ccs.k12.nc.us)

**Dear Student and Parent:**

Please read and discuss this contract together. By signing this contract, both parent and student agree that we have read and understand the Visual Art Discipline Plan: **Are you a C3 Art Student? Get the C3 Syndrome!** and the **Visual Art Syllabus**, both on Mrs. Perkins' website at <http://kellieperkins.wix.com/visual-art-rm-61>. Return this page, filled out and signed in ink, to Mrs. Perkins by Tuesday, September 5, 2017.

**Student Contract:**

*I have reviewed Mrs. Perkins website, read the C3 Syndrome classroom discipline plan, and the Visual Art Syllabus. I understand the class procedures, expectations, and discipline policy. I understand corrective action in the form of consequences will be taken if the class procedures, expectations, and discipline policy are not followed. I will honor the class procedures, expectations, and discipline policy while I am a student in Mrs. Perkins' class.*

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Student Signature \_\_\_\_\_

Date \_\_\_\_\_

Name (print) \_\_\_\_\_ Class pd. \_\_\_\_\_ Grade \_\_\_\_\_ Home Ph. # \_\_\_\_\_

Student email \_\_\_\_\_ Student cell phone # \_\_\_\_\_

**C 3 Parent Contract:**

Your student has chosen to be a C3 student and follow the class procedures, expectations as evidenced by his/her signature above. The teacher is available to you at any time to help keep everyone on track. You may contact her at the school telephone number (484-1151, extension 461) during her planning period by *appointment only* from 1:30pm – 1:54pm, 1<sup>st</sup> and 2<sup>nd</sup> semester, or during her tutoring sessions Tuesdays or Thursdays from 3:35-4:15PM *with prior notice resulting in a scheduled appointment*. You may also contact her at the following e-mail address: [Kellieperkins@ccs.k12.nc.us](mailto:Kellieperkins@ccs.k12.nc.us).

Please demonstrate your acceptance of this C3 program, the class procedures, expectations and your intentions to help with this ongoing process by reading the following statement and signing in the space provided:

*I have read the C3 Syndrome classroom discipline plan, the Beginning, Intermediate, Proficient, Advanced Portfolio & AP Studio Visual Art Syllabi and understand the class procedures, expectations, and discipline policy. I also understand that corrective action in the form of consequences will be taken if the plan is not followed. I pledge to support this program to help affect a successful school career for my student. I will honor the C3 Syndrome plan while my student is in this class.*

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

Date \_\_\_\_\_

**Please print:** Name \_\_\_\_\_

Work Ph. # \_\_\_\_\_ Cell Ph. # \_\_\_\_\_

Parent E-mail address: \_\_\_\_\_