

Name _____

MONDAY FOLDER Parent/Guardian Signature Sheet

Parents/Guardians: Please review the graded assignments for this week with your child and sign the appropriate box. If you have any questions or comments, feel free to add them to the comment box. Please put all assignments back into the folder and have your child return it tomorrow.

Date	Assignment(s)	Parent Signature	Comment
	<input type="checkbox"/> Reading <input type="checkbox"/> Math <input type="checkbox"/> Spelling <input type="checkbox"/> Social Studies <input type="checkbox"/> Grammar <input type="checkbox"/> Science <input type="checkbox"/> Writing		
	<input type="checkbox"/> Reading <input type="checkbox"/> Math <input type="checkbox"/> Spelling <input type="checkbox"/> Social Studies <input type="checkbox"/> Grammar <input type="checkbox"/> Science <input type="checkbox"/> Writing		
	<input type="checkbox"/> Reading <input type="checkbox"/> Math <input type="checkbox"/> Spelling <input type="checkbox"/> Social Studies <input type="checkbox"/> Grammar <input type="checkbox"/> Science <input type="checkbox"/> Writing		
	<input type="checkbox"/> Reading <input type="checkbox"/> Math <input type="checkbox"/> Spelling <input type="checkbox"/> Social Studies <input type="checkbox"/> Grammar <input type="checkbox"/> Science <input type="checkbox"/> Writing		